

VITL

Vermont Information Technology Leaders, Inc.

Vermont Health Information Exchange 2020 Annual Report



Table of Contents

2	A message from the Board Chair and CEO
3	About VITL
4	VITL Services
5	Participants
6	Foundation
	<ul style="list-style-type: none">■ PROTECTING PATIENT HEALTH INFORMATION■ COLLABORATIVE SERVICES■ CONSENT POLICY CHANGE■ BUILDING CONNECTIONS
10	Readiness
	<ul style="list-style-type: none">■ DATA FOR COVID-19 RESPONSE■ CYBERATTACK RESPONSE
12	Future
	<ul style="list-style-type: none">■ NEW DATA TYPES■ PROMOTING INTEROPERABILITY■ STAKEHOLDER ENGAGEMENT
14	Recommendations for Policymakers
15	Financials
16	Board of Directors

A message from the Board Chair and CEO

2020 was a year of significant change and progress at VITL. As expected, the team continued its work to maintain the Vermont Health Information Exchange (VHIE), expand data access and quality, and provide reporting to stakeholders. As happened most everywhere, our work quickly shifted in March. The pandemic presented challenges and also new opportunities for the VHIE to deliver value to the health care system in Vermont. In retrospect, three themes describe VITL's activities throughout the year: enhancing the foundation, readiness for the unexpected, and setting direction for VITL's future in service to Vermonters and their health care providers.

■ ENHANCING THE FOUNDATION

We entered 2020 actively engaged in the Collaborative Services project, which was initiated to streamline disparate investments and establish a shared health information technology infrastructure to support the Vermont health care ecosystem. We project annual savings of \$232k for VITL and about \$1 million for the Department of Vermont Health Access (DVHA) as a result.

In addition, the team planned for and successfully executed the transition to an opt-out consent model in March that included a robust public education campaign.

■ READINESS FOR THE UNEXPECTED

The pandemic presented a new need for comprehensive, state-wide health data. VITL was able to quickly partner with the Vermont Department of Health (VDH) to provide data for case investigations and capacity planning. We are currently working with VDH to ensure they have a complete picture of testing and immunization activity occurring across the state.

When one of our participants was without access to their systems due to a cyberattack, our team was able to quickly mobilize to ensure their staff could access critical patient data through our provider portal.

■ SETTING DIRECTION FOR VITL'S FUTURE

In response to the issuance of the CMS Interoperability and Patient Access final rule, we began developing policies and procedures to ensure we will meet the rule's requirements in 2021.

Our team began gathering stakeholder input around the possibility of expanding data types in the VHIE, with additional work planned for claims, sensitive data, and social determinants of health in 2021.

The following pages include additional information about our work. In 2021, VITL will continue to expand many of these efforts. Patient education and stakeholder outreach will continue. Support for VDH and its COVID-19 data needs will remain a priority. The Collaborative Services project will set the foundation for collecting new data types, enhancing reporting, and adding value at the point of care. In addition, we will define steps toward a more diversified funding model. We look forward to working with the State, legislature, stakeholders, and participating health care organizations to continue our work to support public health needs, enhance our shared data platform, and expand the value we deliver to the health care community.

Beth Anderson
President & CEO, VITL

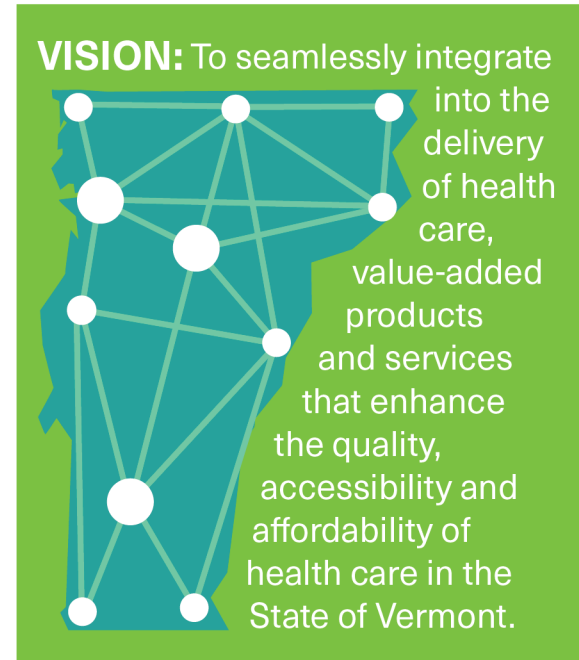
Leah Fullem, MHCDS
Board Chair

About VITL

Vermont Information Technology Leaders, Inc. (VITL) is a nonprofit organization working to support the advancement of health care delivery and reform in Vermont through the aggregation and exchange of health information.

VITL is legislatively designated to operate the Vermont Health Information Exchange (VHIE), a secure, statewide data network that gives health care organizations in Vermont the ability to electronically exchange and access their patients' health information in order to improve the quality, safety, and cost of patient care.

VITL collects, matches, and standardizes patient data from health care organizations across the state, including hospitals, primary and specialty care providers, Federally Qualified Health Centers, home health providers, nursing homes, and commercial labs. The data is made available to stakeholders, including participating health care organizations, to inform providers' point-of-care decisions; OneCare Vermont and the Vermont Blueprint for Health for their work to improve and reform care; and the Vermont Department of Health to inform public health efforts in service of all Vermonters.



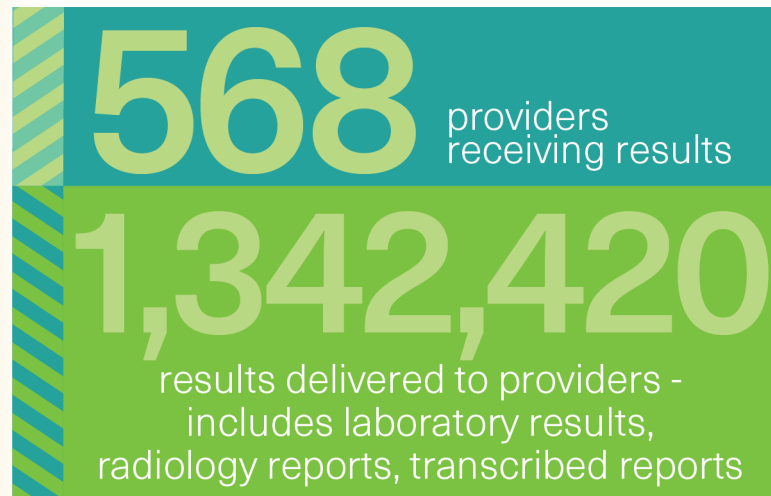
VITL Services

VITL offers health care organizations the opportunity to submit data to and access data from the Vermont Health Information Exchange (VHIE).

DATA CONTRIBUTING SERVICES

VITL collects data from many types of health care organizations and processes that data to match patient records and enhance interoperability. Organizations can submit the following data types to the VHIE:

- Admission, discharge, and transfer (ADT) messages
- Continuity of Care Documents (CCD)
- Laboratory results
- Radiology reports
- Pathology reports
- Transcribed reports
- Immunization messages
- Home health monitoring data



DATA ACCESS SERVICES

VITL offers a variety of ways for health care organizations to access data in the VHIE:

RESULTS DELIVERY

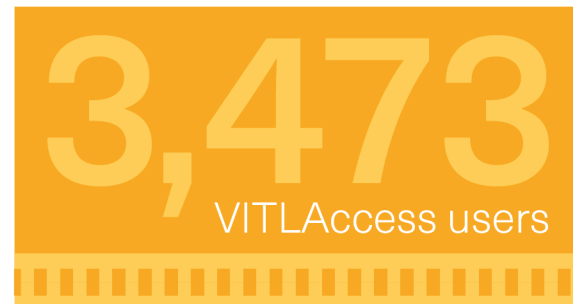
VITL creates interfaces that deliver laboratory, radiology, and transcribed reports directly into health care organizations' electronic health records (EHR).

VITLACCESS

VITLAccess is a secure, web-based portal that enables authorized users to view patient data submitted to the VHIE from participating health care organizations and from the national health data sharing networks connected to the VHIE (e.g., Veteran's Administration). An organization can also choose to access data from the VHIE in their own health data systems through Cross Community Access.

EVENT NOTIFICATION

Through third party partners, providers can receive alerts on their patient populations based on admission, discharge, and transfer messages submitted to the VHIE.



VITL Participants

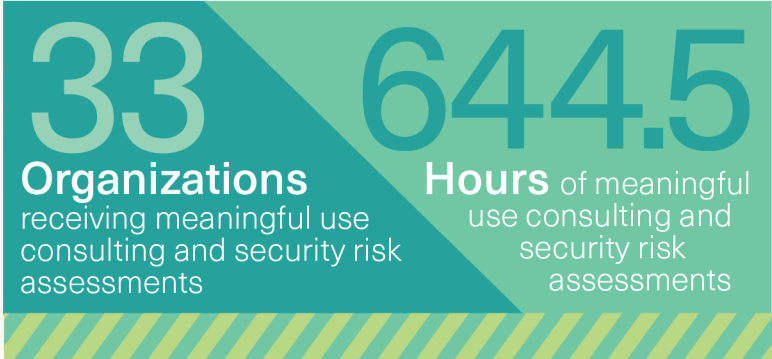
REPORTING SERVICES

The VHIE processes and provides select clinical data to OneCare Vermont, the Vermont Blueprint for Health, and the Vermont Chronic Care Initiative to support their work and minimize the data collection burden on providers.

Immunization data is submitted to the Vermont Department of Health's Immunization Registry to help providers meet reporting requirements.

CONSULTING SERVICES

VITL staff provide consulting and advisory services for participating health care organizations. Those services include data quality improvement support, meaningful use consulting, and security risk assessments.



- 3** FEDERAL AND STATE AGENCIES

- 17** HOSPITALS

- 183** HOSPITAL-OWNED SPECIALTY AND PRIMARY CARE PRACTICES

- 77** INDEPENDENT SPECIALTY AND PRIMARY CARE PRACTICES

- 11** FEDERALLY QUALIFIED HEALTH CENTERS

- 10** DESIGNATED AGENCIES AND SPECIALIZED SERVICES AGENCIES

- 9** HOME HEALTH AGENCIES

- 6** NURSING HOMES AND LONG-TERM CARE FACILITIES

- 19** EMERGENCY MEDICAL SERVICES

- 6** PHARMACIES

- 10** STATE AND COMMERCIAL LABS

Foundation

VITL has been working to build a health information technology foundation to support the Vermont health care ecosystem for the benefit of patients, providers, reform efforts, and population health. That work picked up momentum in 2020, as the team implemented the first phase of the Collaborative Services project and planned a new, advanced data repository. In March, a new consent policy transformed the usefulness of the Vermont Health Information Exchange (VHIE) by making data about more patients available to providers.

■ PROTECTING PATIENT HEALTH INFORMATION

The security and confidentiality of VHIE patient health records is a primary focus of VITL's work. We maintain a Privacy Officer and a Security Officer to oversee policy development and implementation and deliver education for all VITL staff about the privacy and security of VHIE data and systems. Accesses of VHIE data are logged and audited regularly, in compliance with federal and state laws and VITL policies.

Our security management program ensures periodic risk assessments, vulnerability scans, and penetration tests are performed. The results of these technical assessments are used to further bolster our security. This year we upgraded tools and implemented new capabilities to better monitor and respond to unexpected, irregular, or suspicious activity on our systems and network. We also implemented new, next-generation firewalls that provide deeper monitoring and detection of potential threats. In response to the recent attacks on health care, corporate, and government networks, VITL has reevaluated our security and learned

from organizations that have experienced these attacks. We will continue to review and update our security tools and policies to ensure they align with best practices and mitigate the ever-changing threat landscape in order to maintain effective, sustainable protections across all VHIE data.

■ COLLABORATIVE SERVICES

In 2019, VITL kicked off an effort to improve the capabilities and technology of the VHIE. This project is called "Collaborative Services" because it is driven by a broad partnership of stakeholder organizations that use and benefit from VHIE data and technology. This project will result in improved capabilities and streamlining of fragmented and duplicative systems and investments.

The first phase of Collaborative Services focused on:

- Archiving the clinical data repository used by the State's Blueprint for Health program for incorporation into the new VHIE data repository.
- Implementing a new master patient index (MPI). Since there is no universal patient identifier in health care, it is a challenge to combine patient records from different organizations to achieve one health record for each person. VITL's new MPI has resulted in fewer patient records and higher match rates for new data received.
- Transitioning to new terminology services software. There is a lack of standardization in the language of health care records, which can severely impair the usefulness of combined data. Terminology services translate terms, overcoming this challenge. VITL's new terminology services software is resulting in improved data quality and utility.
- Moving to a hosted interface engine to strengthen and ensure the availability of our capabilities.

With the first phase of Collaborative Services largely complete, VITL and its partners are now focused on installing a new data repository which supports the latest data standards and technologies, will support collection of additional data types and the provision of new services, and can be used to support the evolving needs of our stakeholders.

While expanding capabilities, the Collaborative Services project is consolidating data platforms, resulting in real cost savings, as well as cost avoidance for a number of stakeholders. As presented to the Green Mountain Care Board in September, VITL initially estimates the investment in the Collaborative Service project results in:

- Direct annual savings of \$232,000 for VITL;
- Direct annual savings of about \$1 million for DVHA;
- Cost avoidance of \$375,000 for a one-time VITL hardware upgrade, and \$219,000 in annual costs for VITL;
- Elimination of the need for multiple MPI purchases across stakeholders.

We expect the new data platform will result in additional savings after it is implemented and its capabilities are extended.

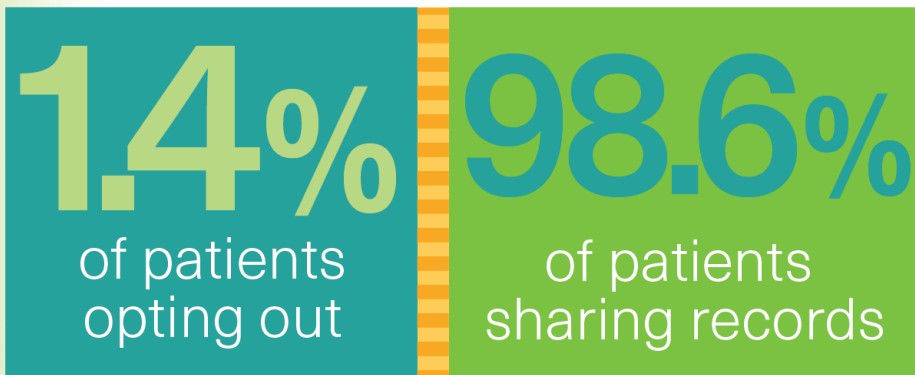
■ CONSENT POLICY CHANGE

On June 10, 2019 Governor Scott signed Act 53, which changed Vermont's policy for sharing health data by the VHIE to opt-out beginning March 1, 2020. The policy change gave providers access to significantly more data to inform patient care. As of December 2019, only 47.9% of Vermonters had provided consent for their health records to be shared by the VHIE. As a result of the change, in December 2020 1.4% of Vermonters had elected to opt-out of data sharing and 98.6% of Vermonters were sharing their data.

Following signing of Act 53, VITL and the Department of Vermont Health Access (DVHA) worked together, with guidance from the Health Information Exchange Steering Committee, to lead the legislatively mandated "robust stakeholder process to develop an implementation strategy." Stakeholders participated in interviews, focus groups, and forums. They included people with lived experience and leaders of advocacy organizations representing Vermonters overall and special populations, including: refugees and New Americans, migrant farm workers, people accessing sexual and reproductive health services, LGBTQ people, people living with HIV/AIDS, older Vermonters, and people with substance use disorder. The team also worked closely with health care organizations to understand challenges with consent education and collection and develop strategies to reduce provider burden.

Based on the input received about patient and provider needs and goals, VITL and DVHA developed a plan to ensure patients receive the information they need to make an informed decision. A toolkit for patient education was developed to support providers, advocacy organizations, and other stakeholders in educating their patients.

These partners distributed brochures, hung up posters, featured newsletter content, and posted social media messages from the toolkit. VITL and DVHA built reach with a series of Front Porch Forum posts, a radio message, an op-ed, and a press release that generated earned media including television news coverage. When the provision of care moved online with the pandemic, materials were created that



could be shared online and were available in multiple languages. This focus on engagement was recognized for the thoroughness and thoughtfulness of the process, and the work was referred to as a model for future stakeholder engagement in service of policy change. This work was also recognized with the 2020 Community Partnerships Award given by the Strategic Health Information Exchange Collaborative, the national organization representing health information exchanges.

The State is currently evaluating this outreach effort, assessing the extent to which Vermonters are aware of the VHIE and their consent choices to inform VITL's ongoing education and outreach initiatives.

BUILDING CONNECTIONS

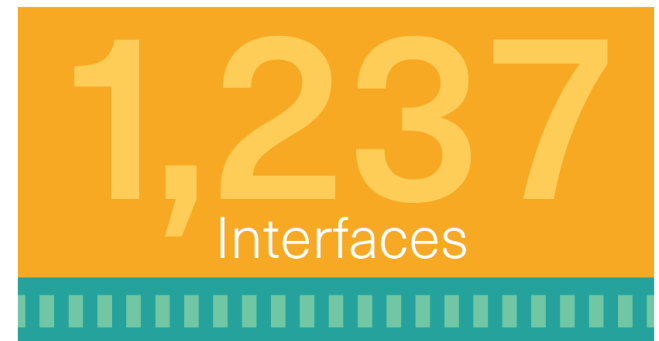
While implementing the new data platform, the VITL team continues the essential work of connecting health care facilities around the state to the Vermont Health Information Exchange (VHIE). Our team of Application Systems Analysts works directly with staff of health care organizations and their health IT vendors to build and test interfaces between their clinical systems and the VHIE. The VITL team works with health care organizations of all sizes – from those with large teams of IT professionals to solo provider practices without dedicated IT staff.

Before building a new interface, our analysts work with the health care organization to understand its systems and the type and format of the data available. They assess their capabilities and available data using the Connectivity Criteria, developed by VITL and the HIE Steering Committee based on national data exchange standards. Then VITL's analysts build a secure connection from the organization's system to the VHIE for the data to flow through. Once the connection is tested and data is flowing to a test environment, the analysts evaluate and

map the data and ensure it is matched, standardized, and normalized to ensure usability. After implementation, the team supports the interfaces, making sure data is continuously flowing, fixing issues that arise, translating newly identified terms, and making updates when systems or needs change.

Building interfaces takes time and resources both for VITL and the health care organizations. The health care organizations engage because connecting to the VHIE means they do not need to develop separate interfaces with each of their partners, repeating the process of mapping, translating, matching, and standardizing data for every information need.

Instead, their connection with the VHIE can be used to efficiently deliver information on their behalf to their stakeholders.



Readiness

2020 presented unexpected challenges to the Vermont health care community. Early in the COVID-19 pandemic the State began using VHIE data to inform its pandemic response. Vermont Health Information Exchange (VHIE) data was used for case investigation, capacity planning, and daily state and federal reporting. As COVID-19 immunization efforts begin, VITL is connecting to new sites to prepare to rapidly deliver a large volume of immunization data to VDH. VITL also supported a member hospital with essential patient data when a cyberattack forced them to take their systems offline. VITL's readiness for the unexpected is a product of investment in, and dedication to, building a strong operational and technical foundation.

■ DATA FOR COVID-19 RESPONSE

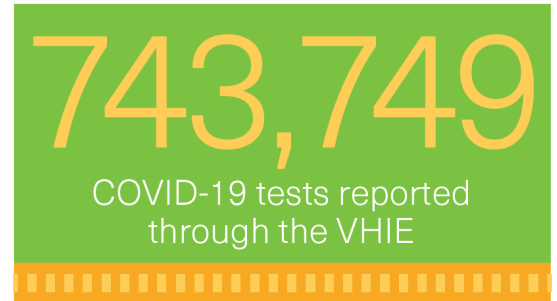
Following the start of the COVID-19 pandemic and the Vermont Governor's declaration of a State of Emergency, VITL reached out to teams from the Vermont Department of Health (VDH) and the Agency of Digital Services to identify opportunities for the VHIE to provide data to support their work.

Initially, VITL worked with leaders of the infectious disease epidemiology team (ID-Epi) to understand their data needs and introduce them to the data available in the VHIE. The ID-Epi team had an immediate need for real-time clinical data about individuals who tested positive for COVID-19 for public health investigation. Traditionally this data gathering was performed by contacting providers directly for information on each patient – which was time intensive and put an added burden on providers who were already stretched due to the pandemic. VITL provided the ID-Epi team with access to the VITLAccess provider portal, enabling them to quickly

obtain data they needed, reducing the burden on providers. The portal made data collection more efficient, and in some cases more robust. For example, the portal helped the ID-Epi team find race information crucial for health equity response. At the end of March, VDH reported that patient race was unknown in 73% of COVID-19 cases. By using VITL's tools, that percentage was reduced to just 8%.

Throughout the COVID-19 pandemic, VITL has also provided data to help VDH understand health care usage and plan surge capacity. The VITL team worked with VDH to understand reporting requirements and automate delivery of over 40 of the data elements that hospital staff had been manually collecting and entering into EMResource every day. Staff at each Vermont hospital worked with VITL to evaluate data gaps and to ensure the completeness and quality of their reporting to VDH. This data is now automatically delivered every day, easing the data collection burden on providers and ensuring more consistent data quality.

To ensure that VDH is receiving timely data about COVID-19 testing activity, VITL has been working with VDH to onboard data connections from the growing list of public and private laboratories performing COVID-19 testing. More recently, we have rapidly connected new sites where immunizations will be made available, to ensure immunization data is delivered to VDH in a timely manner. We expect this work to continue through 2021 and look forward to working with VDH to support future public health data needs.



CYBERATTACK RESPONSE

In late October, one of our participating hospitals experienced a broad-reaching cyberattack that abruptly left its providers without access to their systems, including patient data. Upon learning of a possible outage, VITL reached out to offer assistance and quickly began work with members of the hospital's response team to get their providers access to the VHIE data about their patients. The VITL

“ At the beginning of the cyberattack, VITL worked with us to quickly provision web access allowing providers access to their patients' information. The team at VITL offered to help us in any way possible to gain access to critical patient data. ”

Ray Keller, MD, FACEP,
Chief Medical Information Officer,
University of Vermont Health Network

team made themselves available nights and weekends to ensure that all providers who needed data received VITLAccess accounts and training in how to use the portal effectively.

VITLAccess is a secure, web-based, portal that allows care providers to access patient data that has been submitted to the VHIE by health care organizations across Vermont. VITL's

transition to an opt-out consent model in March meant that the hospital's providers had access to data on most of their patients, as only about 1.4% of patients have opted-out of having their data shared on the VHIE.

During the approximately three weeks that the hospital's electronic health record was unavailable, 1,618 user accounts were created, and more than 23 training sessions were offered. Over the same time, we worked with a number of other health care organizations that rely on that hospital's data to get them access to the data they needed.

The VHIE proved a valuable tool in a moment when traditional systems were unavailable. While we hope none of our partners experience anything like this in the future, we encourage all of our participating health care organizations to consider including the VHIE in their incident response plans. Advance planning will ensure staff have access to and are prepared to use VITL's tools, and will ensure the data they need most is available to them in the VHIE if other systems are unavailable.

“ Multiple physicians told me how valuable it was to get critical patient information from VITL during the three weeks when they did not have access to Epic. The access through VITL quite literally allowed them to continue to provide safe, quality care while Epic was down. ”

Douglas Gentile, MD, MBA,
SVP for Information Technology,
University of Vermont Health Network

Future

At the beginning of 2021, VITL is looking towards the future. This year we will continue strengthening our foundation, launching a new data repository that will dramatically improve how data is exchanged. After the launch, VITL will begin collecting new types of data, including Medicaid claims data, mental health and substance use disorder data, and social determinants of health data. We will use the new infrastructure to meet new federal standards for interoperability and help our clients meet them too. In these projects and in developing future product and services, VITL will be grounded in the needs of our clients and partners as we work to diversify our funding and develop a more sustainable business model. We will proactively seek their input and ideas to help inform our future.

■ NEW DATA TYPES

For many years, VITL and its stakeholders have considered how the Vermont Health Information Exchange (VHIE) might be used to exchange more types of data, building on its foundation of clinical data from medical providers. In 2021, we will focus on three high priority new datasets.

HEALTH CARE CLAIMS DATA:

VITL will develop policies and procedures for the incorporation of Medicaid claims data into the VHIE. Clinical data and claims data present two different views of the same care. Combined, they can create a clearer picture of care that has occurred and its effectiveness and efficiency. The State has long aimed to bring these two data sources together and a recent report from the Agency of Human Services identified the VHIE as the vehicle for this aggregation and association.

SOCIAL DETERMINANTS OF HEALTH DATA:

Data about the social, environmental, economic, and behavioral factors that influence health can help providers understand patient risk and more effectively target resources to support good health and avoid high-cost health care interventions. This is essential to the success of a value-based care model. VITL will work with stakeholders to will build requirements for incorporation of this data. This exploration will begin to show what it will take, technically and legally, to make more social determinants of health data available to our partners through the VHIE.

SUBSTANCE USE DISORDER TREATMENT AND MENTAL HEALTH TREATMENT DATA:

The VHIE currently aggregates and exchanges some substance use disorder and mental health treatment data, including from some labs and primary care providers, but has historically been unable to share data created at programs covered by the federal 42 CFR Part 2 regulations. In 2020, VITL convened an advisory group of stakeholders to help scope an approach to sharing this data that aligns with rapidly changing federal laws, helps providers get the data they need to best care for their patients, and provides meaningful choice to Vermonters about access to their data. VITL will continue user needs assessment and co-design of a data sharing and consent model in 2021, in hopes of piloting the new model in 2022.

PROMOTING INTEROPERABILITY

Patient health records are collected in a wide variety of ways. Interoperability is the goal of making those records shareable, understandable, and usable across systems. Two new rules from the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) promote standard protocols and formats for health data sharing, which will advance interoperability.

FHIR (pronounced “fire”) is a rapidly emerging new data exchange standard in health care, which is prioritized in the rules. “FHIR” stands for Fast Healthcare Interoperability Resources. The “Fast” refers to the promise that health care organizations and systems will be able to achieve data exchange much more quickly using the new standard than they could before FHIR. The data repository being installed as part of the Collaborative Services effort (described earlier in this report) is based on the FHIR data standard. This will make it dramatically easier for VITL to collect and share data, enabling new applications of VHIE data.

In 2021 VITL will also work to comply with the ONC rule’s prohibition on information blocking, which is knowingly interfering with the exchange of electronic health information. The rule includes a requirement to support patients in accessing their own data electronically. VITL’s new data platform will support FHIR APIs, which will allow patients to easily access and consume their data through third party apps. Also, in addition to meeting the requirements of the new rules that apply to VITL, VITL is able to help hospitals comply with the new CMS requirement to provide admission and discharge notification to community providers.

STAKEHOLDER ENGAGEMENT

As we look ahead, we know the possibilities for VITL are vast. We are also committed to maintaining a sustainable business model – we will choose thoughtfully from the many opportunities available to us. To guide that decision-making, we will develop a robust program for engaging stakeholders. Asking questions and listening closely to our clients, partners, and funders will help us understand what they need and whether and when new offerings make sense.

Stakeholder engagement will become an integral part of how we lead projects. The implementation of the new consent model in March was an early example of how we will invite providers, patients, and other stakeholders into VITL projects. The selection and implementation of the new data platform, which includes a subcommittee of the HIE Steering Committee and representatives from partner organizations, is another example of how stakeholders can be involved in VITL’s work. Future projects will continue both formal and informal engagement strategies and we will increasingly use co-design tools like user interviews, rapid prototyping, piloting, continuous feedback, and iteration. We look forward to learning from you.

Recommendations for Policymakers

CONTINUE THE HEALTH INFORMATION TECHNOLOGY FUND

VITL's work has been made possible through several funding sources, largely through the HITECH Act, which provides federal funding for the adoption of health information technology and the development of health information exchanges, and the State Health Information Technology (HIT) Fund, which allows the State to access federal investments by providing matching dollars. As discussed in the 2020 update to the Vermont Health Information Exchange Strategic Plan, with the HITECH Act funding ending and a transition to new mechanisms in September 2021, the state's contribution to supporting and enhancing the Vermont Health Information Exchange becomes increasingly important. In that plan the HIE Steering Committee "recommends that the Vermont Legislature continue the HIT Fund to support execution of the work."

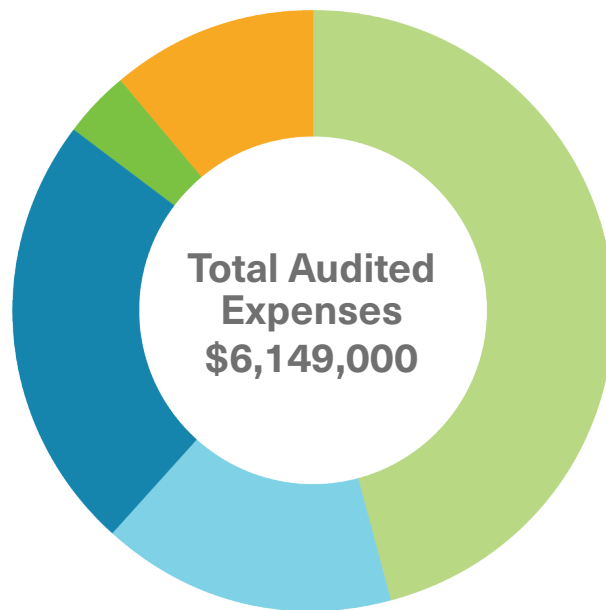
Continuation of the HIT Fund will enable VITL to continue its work to operate the Vermont Health Information Exchange (VHIE), expand data types, implement the Collaborative Services projects, and support the data needs of the Vermont Department of Health and health care providers in the continued response to the pandemic. As VITL works to develop a more diversified revenue model, this state and federal funding will remain important to ensuring that this important work continues.






2020 Financials

VITL's work over the course of the calendar year was impacted by the COVID-19 pandemic. Many of our clients shifted their focus to meet the challenges of the pandemic, which limited their ability to work with VITL on connectivity projects, with some postponed and others cancelled. At the same time, VITL pivoted to support the State of Vermont's COVID-19 related data needs, described within this report. Revenue for Fiscal Year 2020 (FY20) was below VITL's budget by approximately \$700,000, in large part because of the pandemic.

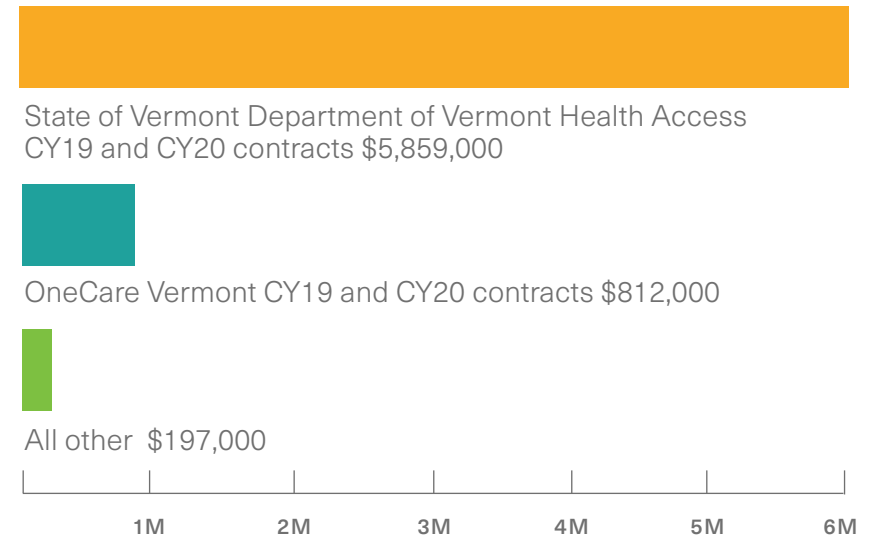
Our expenses were also below budget due both to project delays as well as a focus on controlling expenses amid uncertainty. VITL completed FY20, which ended on June 30, 2020, with a \$718k increase in net assets. The approved Fiscal Year 2021 (FY21) budget assumes that some of the lost revenue and unrealized expenses from FY20 will occur in FY21, as the COVID-19 related work continues and delayed projects are restarted.

FY20 AUDITED EXPENSES (rounded to the nearest thousand)



 Personnel Related Expense \$2,819,000	 VHIE Hosting \$974,000	 Information Technology \$1,457,000
 Consulting \$226,000	 All other \$673,000	

FY20 AUDITED REVENUE (rounded to the nearest thousand)



**Total Audited
Revenue**
\$6,868,000

The VITL Board of Directors

1 Leah Fullem, MHCDS – Chair
University of Vermont Health Network



2 Kelly Lange – Vice Chair
Adirondacks ACO



3 Debra Royce – Treasurer
Bogner of America, Inc.



4 Jessa Barnard, Esq.
Vermont Medical Society



5 Joel Benware
Health Information Technology Consultant



6 Susan Besio, PhD
Retired, health policy



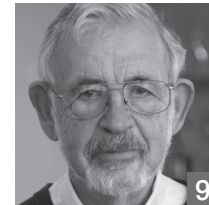
7 Mary Beth Eldredge, MHA, MHCDS
Dartmouth-Hitchcock Health



8 Richard Elmore
Allscripts



9 Tom Evslin
Retired, NG Advantage



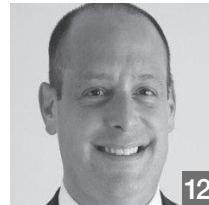
10 Tim Kenney
AI Certain



11 Mark Nunlist, MD
Retired, White River Family Practice



12 Jeff Tieman
Vermont Association of Hospitals
& Health Systems



13 Norman Ward, MD
OneCare Vermont
& University of Vermont Medical Center



14 Beth Anderson
President & CEO, VITL



STANDING COMMITTEES

EXECUTIVE AND GOVERNANCE

Leah Fullem - Chair
Kelly Lang - Vice Chair
Joel Benware - Board Secretary
(through November 2020)
Debra Royce - Treasurer

AUDIT

Susan Besio - Chair
Mary Beth Eldredge
Leah Fullem
Debra Royce

FIANANCE

Debra Royce - Chair
Susan Besio
Mary Beth Eldredge
Leah Fullem

TECHNOLOGY

Joel Benware - Chair
(through November 2020)
Tom Evslin
Tim Kenney
Mark Nunlist



Vermont Information Technology Leaders, Inc.

1 Mill Street, Suite 249, Burlington, Vermont 05401

vitl.net