

**Vermont Information Technology Leaders
Agenda, Work Product and Minutes from the VITL Board Retreat May 21, 2009**

AGENDA – May 21 VITL Board Retreat			
Welcome	Don George	9:00 – 9:15	15 minutes
Overview of retreat agenda—objectives for the day	Catherine Hamilton	9:15 – 9:30	15 minutes
VITL Mission, Vision and Stakeholder Needs Summarize advance work Begin conversation, introduce BHAG for 2011 and 2012	Group Discussion	9:30 – 11:00	90 Minutes
BREAK: Management joins		11:00 – 11:15	15 minutes
Local and national funding environment <ul style="list-style-type: none"> • VITL’s role in pursuing ARRA funds • Regional extension center/HITECH • Loan program fund distribution 	Slen	11:15 – 11:45	60 minutes
Project Management	Scharf	11:45 – 11:55	
Prism Regional	Podesta	11:55 - 12:15	
LUNCH BREAK		12:15 – 12:45	30 minutes
Line of Business Priorities: Strategic Operating Plan 1. Project Overview <ul style="list-style-type: none"> a. HIE b. EHR c. Blueprint d. Other 2. Budget Overview (FY 09, 10 Baseline, 10 ARRA / Stimulus <ul style="list-style-type: none"> a. HIE b. EHR c. Blueprint d. Other 	Slen/ Mgmt Team	12:45 – 3:10	145 minutes
Wrap up: Revisit long term vision/mission—follow-up items for Board and Management	Hamilton	3:10 – 3:30	20 Minutes
Closing comments—next steps in planning process	George	3:30 – 3:50	20 Minutes

Work Product from the VITL Board Retreat – May 21, 2009

Questions Answered at the Board Retreat

- What is VITL’s draft mission and vision?
 - Draft Mission Statement
To expand the use of health information technology to improve the quality and value of Vermont’s health care system.
 - Draft Vision Statement
A transformed health care system where health information is readily available when people need it, positioning Vermont as a national example of high quality, cost effective care.

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- What are our core lines of business?
- What is VITL’s strategic direction for 2010?
- Who is the “convener”? (coordinator & overseer of IT policy)

<u>Unanswered Question</u>	<u>Action item</u>	<u>Who is responsible</u>	<u>Timeline</u>
What budget will the Board adopt for 2010?	Board budget review	Finance Committee	June 25 Board mtg
What is VITL’s role in Prism Regional?	Workgroup to review	Prism Workgroup	
Who are and will be customers?	Discussion	VITL Board	June 25 Board mtg
What levels of support will VITL offer in the EHR program? Budget implications?	Proposal to the Board	VITL Staff to develop a proposal	June 25 Board mtg
What is VITL’s value proposition?	Board discussion		Future retreat?
What is Dartmouth’s role?	Meet to discuss	Joshua and Craig	ASAP
What is the role of the consumer?	Workgroup to define	Judy and Gertrude	
VITL role in HITECH extension Center?	Communications	VITL Staff	
Who are our competitors and what is the relating strategy?	Discussion	VITL Board	
When will ARRA funding begin?	Research	VITL Staff	When info released
Full impact of **BHAGs?			

****BHAGs:**

By July 2011

- 50% of 114 independent primary care practices “meaningfully” using EHRs and connected to the HIEN. (80% by July 2012)
- 50% Of 115 independent specialty practices connected to the HIEN.
- All 14 hospitals (14 VT hospitals minus the VA plus Dartmouth) connected to the HIE with a full complement (8) of interfaces.

Parking Lot and other notes

- MHSa System (T. Simpaticio)
- VITL as “gate-keeper”
- HIEN is locus of info
- Shift to consumer

Board Retreat Minutes – May 21, 2009

Present: Don George, Bea Grause, Paul Harrington, Andie Lott, Chuck Podesta, Gertrude Hodge, Jim Hester, Craig Jones, Paul Reiss, MD. Missing: Judy Higgins, Lisa Ventriss Staff: Joshua Slen, Norma Lang (After 11:00) Paul Forlenza, Lauri Scharf, Steve Larose, Larry Gilbert

Introductory remarks and announcements - Don George

- Greg Farnum has accepted a position with the Office of the National Coordinator of Health Information Technology (ONC) and due to possible conflicts of interest will be leaving VITL sooner than planned. The Board agreed to release Greg from his original commitment to stay until June 30, 2009.

Vermont Information Technology Leaders

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- There will be a farewell party for Greg. Details to follow.
- Don George commented on the significance of *A Letter to President Obama* (outlining private sector stakeholders pledging health cost containment (May, 11, 2009) – suggested pre-retreat reading packet) and the significance of the stakeholder groups at the state level in health care reform.

Catherine Hamilton from BCBS facilitated the retreat. She reviewed the agenda and introduced a warm-up activity for the group.

1. Mission and vision work

- Review of the Advance Worksheet
- Old Mission – To facilitate the implementation of electronic health records and health information exchange in Vermont.
- Draft New Mission – *To expand the use of health information technology to improve the quality and value of Vermont's health care system.*
- Old Vision – 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.
- Draft New Vision – *A transformed health care system where health information is readily available when people need it, positioning Vermont as a national example of high quality, cost effective care.*
 - Should we require connection to the HIE for grant recipients? Some form of support should be provided to all.
 - There was discussion on mental health, corrections and public health
 - **Action: Hunt Blair will circulate a document he took to Washington**
 - Value Proposition – discussion will continue later

2. Staff joined and presented slides on the national funding scene

- Suggestion – quickly work with congressional delegation as a small state and influence the unknowns. Joshua feels that the state should do that with VITL support.
- Regional and local resources centers were discussed

3. Chuck Podesta presented on Prism Regional's progress

- Discussion on incentives for critical access hospitals and qualified practitioners.
- Timing clarified – related to payment and meaningful use.
- Who regulates this is unknown as of yet

4. After lunch Lauri Scarf presented on project management

- Discussion around HIE – connecting, transferring, exchanging as 3 different levels

5. Staff presentation of current and future VITL projects, current and future funding

- Introduction – a slide was posted that showed what has been done, will be done with baseline funding and will be done with stimulus funding.
- Paul Harrington, for the Finance Committee, gave an overview statement of the baseline and stimulus plans
- Joshua Slen introduced VITL's big goals as "By July 2011:
 - 50% of 114 independent PCP practices "meaningfully" using EHRs and connected to the HIEN (80% by 2012)
 - 50% of 115 independent specialty practices connected to the HIE
 - All 14 hospital connected to the HIE with a full complement of (8) interfaces."

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- Joshua Slen presented:
 - The results of the recent survey of medical practices.
 - Piloting an Advanced HIE community for robust exchange
- 3 questions / issues were raised:
 1. Who is in the convener role (who will ensure the larger conversation about who is doing what for budget sakes) – VITL or state? Hunt Blair said coordination and broad oversight belongs to State.
 2. Supporting primary care practices with micro systems training or without it
 3. Whether VITL's customers must participate in HIE as a hard pre-condition or not? **Action: This is a longer conversation that needs to take place.**

6. Budget overview

- Joshua presented a budget overview in 2 scenarios: 1) baseline budget and 2) budget with stimulus money.
- Joshua asked for a Board reaction to the BHAGs – Some were encouraging, some asked can they be attained, some felt they were ideal but attainable goals, and all agreed there is a significant incentive at this time. Are the goals consistent with vision? What about hospital owned physician practices?
- Is there a 4th goals for HIE? VITL will demonstrate (not pilot) robust HIE in a community. **Action: Will bring this goal to the June meeting**
- **Action: VITL will track affiliated practices or add affiliated practices to the hospital goal.**
- **Action: Line goals up to the BHAG from Blueprint.**