

21 Unique Meeting Participants, representing the following organizations:

- Blue Cross and Blue Sheild of Vermont
- Champlain Valley School District
- UVM Childrens Hospital Specialty Center
- UVM Medical Center (PHSO)
- UVM Medical Center Patient & Family Advisor
- Vermont Agency of Education (AOE)
- Vermont Child Health Improvement Program (VCHIP)
- Vermont Department of Health (VDH)
 - Family and Child Health Division
 - CSHN
- VITL-Vermont Health Information Exchange

Meeting materials:

PowerPoint slides used to support meeting facilitation

Meeting Objectives:

1. Describe the pilot project recruitment criteria and process
2. Describe VITL and the current VITLAccess technology
3. Demonstrate the use of the new VITLAccess functionality for uploading and sharing care plans

Introduction

Our collaborative work brings together interdisciplinary partners to advance our shared vision of optimizing care coordination services for children and youth with special health needs. Clear communication and care planning is essential to prevent care gaps, limit or eliminate redundancies, reduce costs, and improve patient and care team satisfaction.

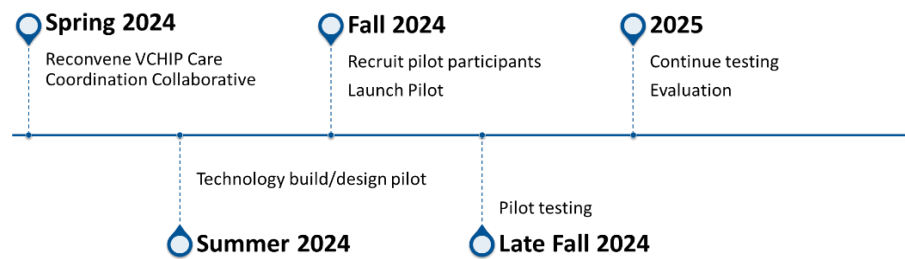
This project would support pilot users in developing care plans (defined as a Shared Plan of Care, Asthma Action Plan, Seizure Action Plan or other identified care plan), with patients and families, within their current Electronic Health Record. PDF copies of the Shared Plan of Care (SPoC) or other care plan, would be uploaded by the care team to VITLAccess where the user would categorize the document as appropriate. Other VITLAccess users would be able to access the uploaded document within VITLAccess as needed.

Global Aim:

Implement our shared vision for optimizing technology to support the utilization and accessibility of Shared Plans of Care (or other identified care plan such as Asthma Action Plan) for children and youth with special health needs

10/24/2024 VCHIP Care Coordination Collaborative Workgroup Meeting Meeting Summary

Anticipated Timeline:



Pilot Project Recruitment Criteria and Process

The project team will begin recruitment for the SPoC pilot project after the October 24th meeting.

For phase one of this pilot, ideal pilot users will be HIPAA covered entities/care teams that are:

- already VITL data contributors and/or data users or are willing to engage with the VITL team to complete the necessary agreements and training; and
- already working with several care team partners in developing and sharing SPoC (or other care plans such as Asthma Action Plans, Seizer Action Plans, etc).

There will be a couple distinct roles for pilot users and their teams. There will be pilot users that “upload and label” SPoC documents in VITLAccess and pilot team users who “view and access” the uploaded SPoC within VITLAccess. For example, imagine a medical home care coordinator or physician and several of their care team partners (pediatric specialists, community health partners, etc) become pilot users. The medical home provider/care coordinator will likely be the pilot user who will upload and label SPoC documents in VITLAccess and prompt the other care team partners to access the SPoC in VITLAccess. These care team members will then log into VITLAccess to view and access the updated SPoC.

If you are interested in becoming a phase one pilot user, you can begin talking to your care team partners to gauge their interest in joining you. For our pilot, we’ll need care teams/pods that are currently working together, have established partnerships and communication methods, and VITLAccess authorizations in place.

Complete this form if you are interested in being part of the pilot as a pilot user:

<https://redcap.med.uvm.edu/surveys/?s=W8FWF9XKXNEWJNHT>

*Regarding the two roles, there will be some organizations that don't have the option to upload because of the current data protections in place. An example is Designated Agencies, which fall under "Part 2" federal regulations that serve to protect patient records created by federally assisted programs for the treatment of substance use disorders.

VITL and VITLAccess Refresher:

VITLAccess is a secure web-based portal that can be used to access health data for many of the places that they receive care across Vermont (VT).

VITL is a non-profit and is independent from the state and designated by the VT legislature to operate the VT Health Information Exchange sharing network. VITL collects health data from hospitals, health centers, primary care and specialty medical practices across Vermont to create one health record for each Vermonter. We protect patient data through robust security practices, we make it available to inform patient care, quality improvement work, healthcare reform, public health activities, population health initiatives and case management.

Data contributors include: all VT hospitals and Dartmouth Health, all Federally Qualified Health Centers (FQHCs), independent and specialty care practices, home health agencies, pharmacy chains (includes all locations), labs (state and commercial) and state agencies.

Data you will find include:

- Admission/Discharge & Transfer (ADT) messages with demographics,
- lab results,
- radiology reports,
- transcribed reports (notes),
- immunization data,
- home health monitoring data, and
- continuity of care documents.

VITL is the steward of the data, governed by partner agreements, VITL policies, state and federal law, including HIPPA. VITL, and data that is available, has grown in the past few years. What is different today, from 5 years ago, is that records are shared unless someone opts out to have their records not shared. At this point 98.9% of Vermonters are now sharing, and we always support a patient's right to opt out.

The data is permitted to be used for treatment, payment and healthcare operations, consistent with HIPPA and VT Law.

New VITLAccess Functionality to Support Pilot Project:

There are about 2000 users accessing VITLAccess each month.

When you log into VITLAccess, you will:

- Navigate to “Patient Search” to type in patient name and find chart
- Widgets (little boxes) are a quick hit. Widgets include:
 - Results section for laboratory results, radiology reports, transcribed reports
 - Medication list
 - Encounters
 - Immunizations,
 - Family History
 - Problem List,
 - Social History,
 - Allergies,
 - Procedures,
 - Patient Relationships, and
 - Equipment
- Tabs along the top provide more information and functionality

This pilot project will focus on the “Document” Tab where you will typically find Continuity of Care Documents (CCDs). Those with complex needs will have many more documents. Sorting and filtering are important functions here. This is where the **Shared Plan of Care** will be.

Some pilot participants will have permissions to **upload** documents. Here are the steps to upload your care plan:

1. Find the **Upload** button with your cursor and click,
2. Check an acknowledgement statement (that document being uploaded is being used for care coordination),
3. Choose the file [to be uploaded] from a PDF scan or PDF exported from your electronic health record,
4. Select the type of document you are uploading (i.e, Shared Plan of Care, Asthma Action Plan, Seizure Action Plan, etc), and
5. Upload document.

The uploaded document will be listed in the “Documents” tab, and you will be presented with a preview view. You will also have the option to download the document. The document will have an “Upload Date” next to it, along with the “Source/Individual” who uploaded. Viewers will see all this same info. Suppression is an option when an uploaded document is submitted in error.

Discussion/Comments from Meeting:

Question: How can you identify the most up to date care plan that has been uploaded?

Answer: Time stamp of upload will be the most recent. We can consider adding more clues as needed by using the naming convention.

Question: Have you considered changing “problems” to Diagnoses”

Answer: Changing “problems” to “diagnosis” is understandable. There has not been a lot of conversation about this, however we will bring back to the VITL team.

Question: About searchability across Plans of Care - does the PDF viewer in VITL allow for any keyword searches across files?

Answer: There is the document search. Pilot users will want to play around with it to see if it does what you need it to do. When there are a lot of documents you will want to rely on that search functionality. This is an opportunity for feedback from the pilot users. The system is not reading the document to search for keywords, it will only search based on document titles and types at this point. This is the pilot work for us to discover the effectiveness of these tools.

Question [for our Patient and Family Advisors in attendance]: Can you imagine yourself accessing this shared plan of care from time to time?

Answer: Yes, as a patient or family member, I would want to see everything that is being shared or reported. Quite often information is incorrect and it's up to the patient or family to correct before wrong information is shared.

Answer: The process for families to access information in VITLAccess is that they go through a formal records request, however it is a long process. A form will need to be notarized, which ensures only the right people have access to the information. Once the form is received, VITL will send a record within 30 days. This level of access will not be in “real time” as it would be for providers.

Answer: The author and creator of the shared plan of care, such as the medical home, would be the recommended route for patients and families to have access to that plan.

Answer: Clinicians to come up with best practice that include immediately handing the SPoC to the family and making it accessible in the patient portal when created together.

Answer: The more immediate workflow for a patient/family to access a care plan is through the electronic record where it was generated. In other words, the clinicians creating the plan would share immediately with patients -- because it would be created with them

Answer: Having an accurate care plan is important to make timely changes. Lots of wrong information can be in reports.

Answer: This is a good example of how to ensure accurate up to date information is accessible as the pilot tests out for future iterations.

Comment: Next phase of the pilot would be the workflow- how? who? and standards of language to use. For those who use EPIC, the workflow includes taking any letter in Epic and making a PDF out of it. This can be done easily within EPIC.

Is it a concern to others if their system will present barriers?

No concerns were identified

A question came up at UVMHC would we need to create a word document and then upload it?

Answer: For those in the health network, we will build a template for SPoC in EPIC that would be a letter to leverage shared data in the chart, that is constantly updated to help ensure up to date information.

Comment: Some concerns were raised:

- Concerns about a duplication of work and unsure of those details, and
- Concerns about who has access and how it is accessed.

Answer: This pilot workflow [logging into VITLAccess and uploading a care plan] will create a bit more work, but the work is valuable because it is what we need to do to communicate better and it is what patients and families need. It is a lot of good work that will improve quality and safety. We are hopeful it is not duplicative and will allow us to communicate with all care team members and other providers more seamlessly.

Answer: An exciting potential with this is that we may be able to quickly make this new function available to all users of VITLAccess, for a type and richness of data they didn't have before. Viewers will have all the same access to information as uploaders.

Next Steps:

Future meetings TBD.

Complete this form if you are interested in being part of the pilot as a pilot user:

<https://redcap.med.uvm.edu/surveys/?s=W8FWF9XKXNEWJNHT>

Information will be collected, and we will follow up with more information. We anticipate starting the pilot work within the next 4-6 weeks. We will provide QI coaching and support. There will be additional training with VITL, and, if necessary, VITL agreements will need to be in place. If you, or practice you know, is at all interested and unsure of what that would look like, fill out the form and we would be happy to answer any questions in a virtual meeting. If you know of other folks that may be interested or good pilot users, we would love to connect, please reach out.