

# State of Vermont

## Vermont Health Information Technology Plan (VHITP)

### Green Mountain Care Board

March 17, 2016

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# Project Background

## Vermont Statute: 18 V.S.A § 9351

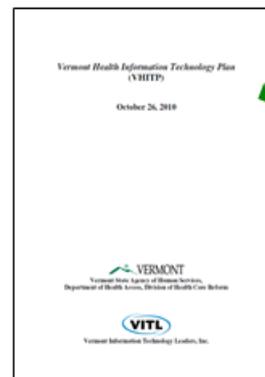
### The HIT Plan shall:

- 1) support the **effective, efficient, statewide use of electronic health information** in patient care, health care policymaking, clinical research, health care financing, and continuous quality improvements;
- 2) **educate** the general public and health care professionals about the value of an electronic health infrastructure for improving patient care;
- 3) ensure the **use of national standards** for the development of an interoperable system, which shall include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;
- 4) propose **strategic investments** in equipment and other infrastructure elements that will facilitate the ongoing development of a statewide infrastructure;
- 5) recommend funding mechanisms for **the ongoing development and maintenance** costs of a statewide health information system, including funding options and an implementation strategy for a loan and grant program;
- 6) **incorporate the existing health care information technology** initiatives to the extent feasible in order to avoid incompatible systems and duplicative efforts;
- 7) **integrate** the information technology components of the Blueprint for Health established in chapter 13 of this title, the Agency of Human Services' Enterprise Master Patient Index, and all other Medicaid management information systems being developed by the Department of Vermont Health Access, information technology components of the quality assurance system, the program to capitalize with loans and grants electronic medical record systems in primary care practices, and any other information technology initiatives coordinated by the Secretary of Administration pursuant to 3 V.S.A. § 2222a; and
- 8) address issues related to **data ownership, governance, and confidentiality and security of patient information.**

## Purpose of the VHITP

- Set high-level strategy and roadmap for the statewide electronic collection, storage, and exchange of clinical or service data in support of improved patient care, improved health of Vermonters, and lower growth in health care costs – consistent with the Triple Aim
- Provide direction for future projects, initiatives, and funding
- Serve as a framework for regulatory authority such as GMCB review of IT projects within the Certificate of Need process or to support HIE connectivity/interoperability criteria

## We're Not Starting from Scratch...



The 2010 version is the latest version – with minor revisions in 2012 and 2014 related to HIE consent

### Significant Progress

- Adoption and Use of EHRs by providers
- Connections to and development of HIE by VITL
- Large and growing quantity of data in HIE
- Significant attention to data quality and reliability
- 2014 – beginnings of true exchange among providers – VITL Access
- Other services around the corner

# WHY HIT MATTERS

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- “An improved ability to identify frequent ED users allows better targeting of case management and other services that can improve frequent ED users’ health and reduce their use of costly emergency medical services.” (Jason S. Shapiro, Sarah A. Johnson, John Angiollilo, William Fleischman, Arit Onyile, and Gilad Kuperman Health Information Exchange Improves Identification Of Frequent Emergency Department Users *Health Affairs*, 32, no.12 (2013):2193-2198).
- “Enabling physician access to more complete patient information is particularly relevant to the ED setting where longitudinal patient information from multiple providers is frequently not easily accessible due to a variety of patient and healthcare system factors. Patients present to the ED with urgent and unplanned health problems [5, 6] and often with fragmented care patterns [7, 8]. Health information exchange (HIE) systems facilitate the electronic sharing of patient level information among different providers in a community. Therefore, access to an HIE system could potentially avert unnecessary admissions from the ED by providing relevant clinical data, such as the presence of renal insufficiency or an electrocardiogram abnormality at baseline. This information could also potentially avert unnecessary admissions by providing access to lists of medications and problems as well as access to the medical opinions of previous physicians. (Vest JR, Kern LM, Campion TR Jr, Silver MD, Kaushal R. Association between use of a health information exchange system and hospital admissions. *Appl Clin Inf* 2014; 5: 219–231)

# Data Now Driving Change



Smart choices. Powerful tools.

## HSA Profile: Barre

Period: Jan. 2014 - Dec. 2014 Profile Type: Adults (18+ Years)

### Diabetes: HbA1c Testing

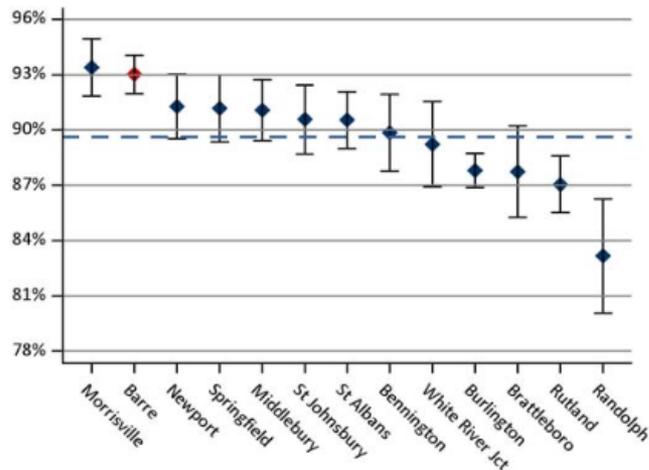


Figure 9: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

### Diabetes: HbA1c Not in Control (Core-17, MSSP-27)

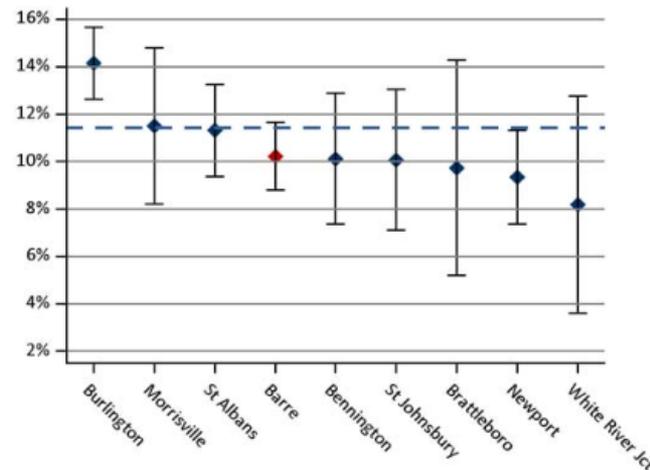


Figure 10: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

# VHITP Project Team



## Vermont Team

- Steve Maier, HIT Coordinator
- Jon Brown
- Richard Terricciano
- Paula Chetti



## Mosaica Partners Team

- Laura Kolkman, President
- Bob Brown
- Paul Forlenza
- Fran Rubino

### **Steve Maier (Chair)**

HIT Coordinator,  
Health Care Reform Manager  
DVHA

### **Jed Batchelder**

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VP, IS and Compliance  
Northwest Medical Center

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Commissioner,  
DII-State of VT

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VITL

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Information & Data Director  
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Health Policy Analyst  
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### **Simone Rueschemeyer**

Executive Director  
Vermont Care Partners

### **Larry Sandage**

Program Manager  
VHIE

### **Heather Skeels**

Project Manager  
Bi-State Primary Care

# Who Else is Involved in Project?

- ✓ Hospital Systems
- ✓ Providers
- ✓ Payers
- ✓ Mental Health and Substance Use
- ✓ Long Term Services & Supports (LTSS)
- ✓ Public Health
- ✓ VITL
- ✓ UVM Medical Center
- ✓ State Agencies
- ✓ ACOs
- ✓ Consumers
- ✓ Consumer Organizations
- ✓ Vermont Legislators
- ✓ Green Mountain Care Board
- ✓ Federal Agencies (CMS, ONC)



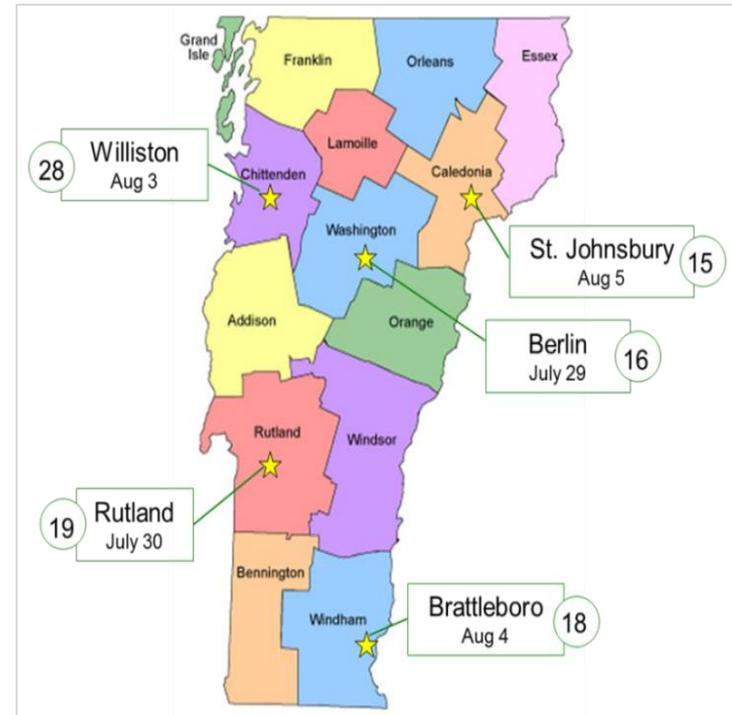
# VHITP Update Process



# Number of Active Participants

- 40 Stakeholder Interviews
- 96 participants in Envisioning Workshops
- 500+ survey respondents
- 18 participants in Capabilities Workshop
- 19 participants in Enablers Workshop

## Envisioning Workshops



# Vermont HIT Plan Objectives

1. People trust that health care data is secure, accurate, and current
2. Health care information can be appropriately and securely accessed by authorized people and providers
3. People have the information needed to make informed decisions about their care
4. Health care information is readily shareable across all provider organizations where people receive care
5. Integrated/Coordinated care is the norm
6. Consent for sharing physical health, mental health, substance use, and social services information is implemented consistently
7. High quality health care/services data are accessible and suitable for multiple uses
8. The cost of HIT/HIE is not a barrier to Vermont providers in implementing and using technology
9. Health information sharing in Vermont is sustainable
10. Reporting processes are streamlined to assist providers in complying with mandated reporting requirements
11. There is statewide transparency and coordination of all appropriate HIT/HIE projects
12. Health care and health services information collected and maintained by State agencies is easily shared
13. People have expanded access to health care services and providers through technology
14. People can manage the sharing of their health care information
15. There is active data governance in place for health care/services data
16. Vermont easily and appropriately shares health care information beyond its borders

# Project Findings

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- Vermont has a good vision for evolving to a more efficient health care system.
- Vermont has made significant progress in implementing health information technology (HIT) to support health reform and is viewed as a leader in that area, but there is more to do.
- Vermonters are engaged and passionate about using HIT to support health care reform.
- Vermont has leveraged State resources well for multiple federal grants and other funding to support HIT development.
- While there are many HIT-related projects and systems in the State, there is a lack of overall statewide governance/coordination.
- Vermont is making progress on the integration of physical health, mental health, substance use, and social services information, but there is still much work to do – including patient consent and data interoperability.
- There is a high level of stakeholder concern about Vermont's past/current investments in HIT/HIE with less than expected results.
- The Vermont Health Information Exchange (VHIE, currently operated by VITL) is dependent upon state and federal funding. The uncertainty around the availability of continued funding impacts the ability to make long term sustainable plans for the on-going operation and maintenance of the VHIE.

# VHITP Initiatives – Overview

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Fully implementing the VHITP Initiatives will:

- Establish strong, clear leadership and governance for statewide Health Information Technology/Health Information Exchange (HIT/HIE) with a focus on decision-making and accountability.
- Continue – and expand – stakeholder dialogue, engagement, and participation.
- Expand connectivity and interoperability.
- Provide high quality, reliable health information data.
- Ensure timely access to relevant health data.
- Continue the protection of a person's privacy as a high priority.

## Statewide HIT/HIE Governance & Policy

- 01 – Establish (and run) comprehensive statewide HIT/HIE governance.
- 02 – Strengthen statewide HIT/HIE coordination.
- 03 – Establish and implement a statewide master data management program (data governance) for health, health care, and human services data.
- 04 – Develop and implement an approach for handling the identity of persons that can be used in multiple situations.
- 05 – Oversee and implement the State’s telehealth strategy.
- 06 – Provide bi-directional cross state border sharing of health care data.

## Business, Process & Finance

- 07 – Continue to expand provider EHR and HIE adoption and use.
- 08 – Simplify State-required quality and value health care related reporting requirements and processes.
- 09 – Establish and implement a sustainability model for health information sharing.

## Stakeholder Engagement & Participation

- 10 – Centralize efforts for stakeholder outreach, education, and dialogue relating to HIT/HIE in Vermont.

## Privacy & Security

- 11 – Ensure that statewide health information sharing consent processes are understood and consistently implemented for protected health information – including information covered by 42 CFR Part 2 and other State and federal laws.
- 12 – Ensure continued compliance with appropriate security and privacy guidelines and regulations for electronic protected health information.

## Technology

- 13 – Ensure VHIE connectivity and access to health and patient information for all appropriate entities and individuals.
- 14 – Enhance, expand, and provide access to statewide care coordination tools.
- 15 – Enhance statewide access to tools (analytics and reports) for the support of population health, outcomes, and value of health care services.
- 16 – Design and implement statewide consent management technology for sharing health care information.
- 17 – Provide a central point of access to aggregated health information where consumers can view, comment on, and update their personal health information.

# Additional Recommendations

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In addition to the 17 initiatives, there are four recommendations contained within the VHITP to enable Vermont to continue moving forward with its health care reform efforts.

- Launch the transition plan contained in section 7 of the Plan.
- Continue expansion of broadband (and cellular) access to areas where it's not currently available.
- Ensure sustainable funding source for the Initiatives contained within the Plan.
- Develop centralized capability to proactively identify new federal grant opportunities for HIT/HIE efforts – beyond the traditional CMS grants.

# Summary of Public Comments

TOPIC	COMMENTS	RESPONSE
Level of Detail	Some said more; one said just right	High-level strategic plan; details come later through governance entity and annual updates
Flexibility	Plan should be flexible	We agree, and think it allows for flexibility
Governance	Agree it's needed; more detail; interim steps suggested	We agree; see Transition Plan
Outreach and Communication	Leadership and next steps weak	Added to Transition Plan
Consumer Advocacy	Should be more consulted/ included in the process	Were consulted in process; agree we should continue to do so; to define as part of Transition Plan
Patient Access to Records	Should allow for greater access	Basic access is allowed by law; technology and rules for full 2-way real-time communication not yet mature

# Summary of Public Comments

TOPIC	COMMENTS	RESPONSE
Privacy & Security	Should have higher priority in Plan	Already a high priority and will continue to be so; no known problems today
VITL Access and Patient Consent for HIE Use	Roll-out and gathering of consents too slow	We agree, and have made some changes to more clearly call for an accelerated roll-out
VHCURES and Other Data Sets	Use of multiple data sets will be required, e.g., for new payment and delivery models	We agree, and have made some changes to more clearly address this issue
Funding Plan	Should consider add'l funding options, such fees and MMIS	We agree that all possible funding sources should be fully explored; key responsibility of governance entity
Analytics and Tools	Will be needed going forward (e.g., care coord., event notif.)	We agree and some progress has been made; specific choices and details to be part of governance entity;

# Funding Summary and Assumptions

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- Current State and Federal spending rate on HIT/ HIE is about \$10 million per year, or \$50 million over 5 years.
- The VHITP calls for new programs/ projects that would cost an additional roughly \$50 million over 5 years.
- The HIT Fund, which is a claims assessment, (scheduled to sunset 7/1/17) provides all State funds for HIT/ HIE.
  - 0.199 of one percent of all health insurance claims
  - Many current programs/ projects (including HIE staff, Blueprint, VITL, others) depend on HIT Fund to pull down federal funds.
  - Most of VHITP implementation will depend on HIT Fund extension or other State matching funds.
- Federal funding is through Medicaid Global Commitment and HITECH (several match rates and requirements).

# Funding Amount and Approach

## 5-Year Estimates by Funding Source (millions)

	State HIT Funds	Federal Matching Funds	Other Funds	TOTAL
On-going operations	\$21	\$31		\$52
Proposed Development (with Implementation)	\$11	\$37	\$5	\$53

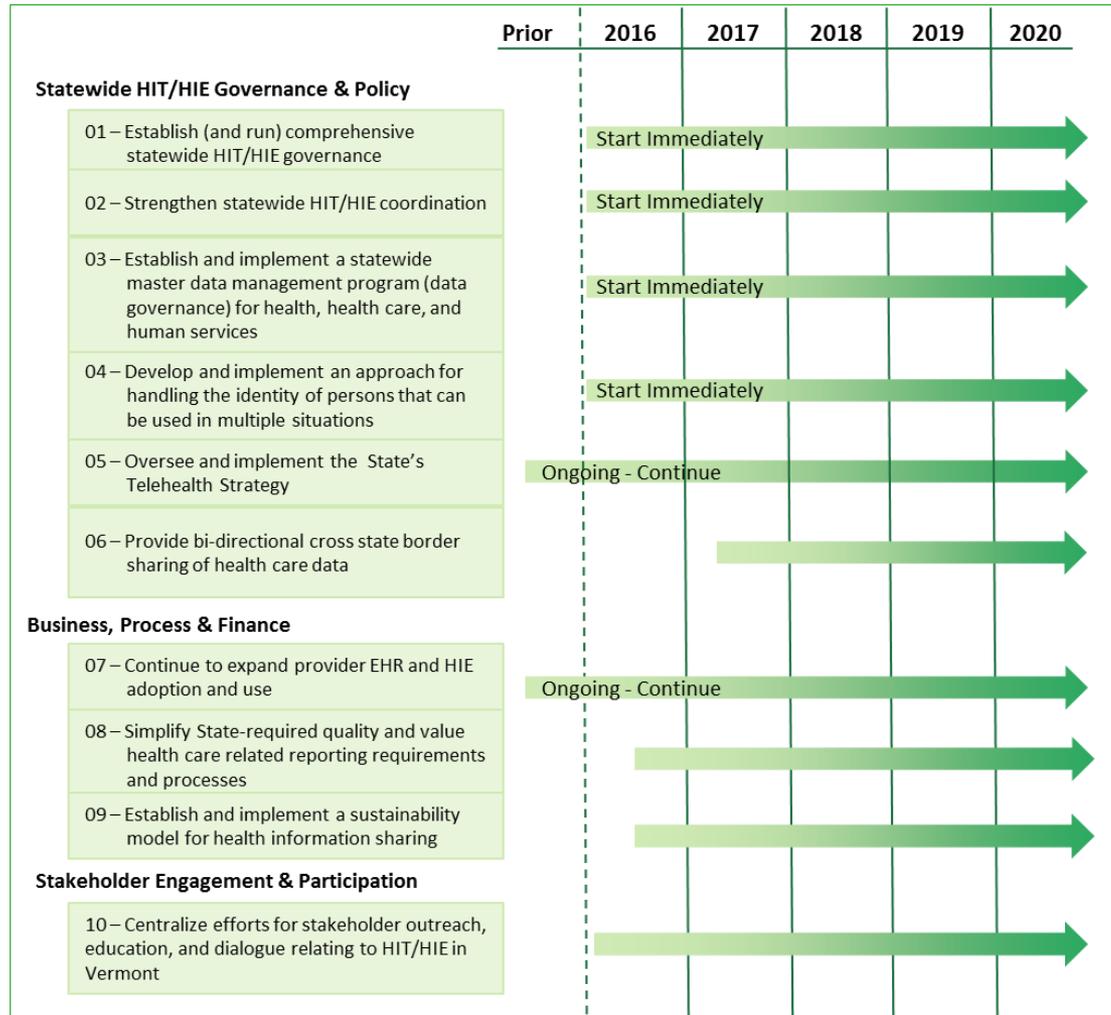
## 5-Year Estimates by Year (millions)

	2017	2018	2019	2020	2021	TOTAL
On-going operations	\$10	\$10	\$10	\$11	\$11	\$52M
Proposed Development (with Implementation)	\$10	\$12	\$12	\$12M	\$7M	53M

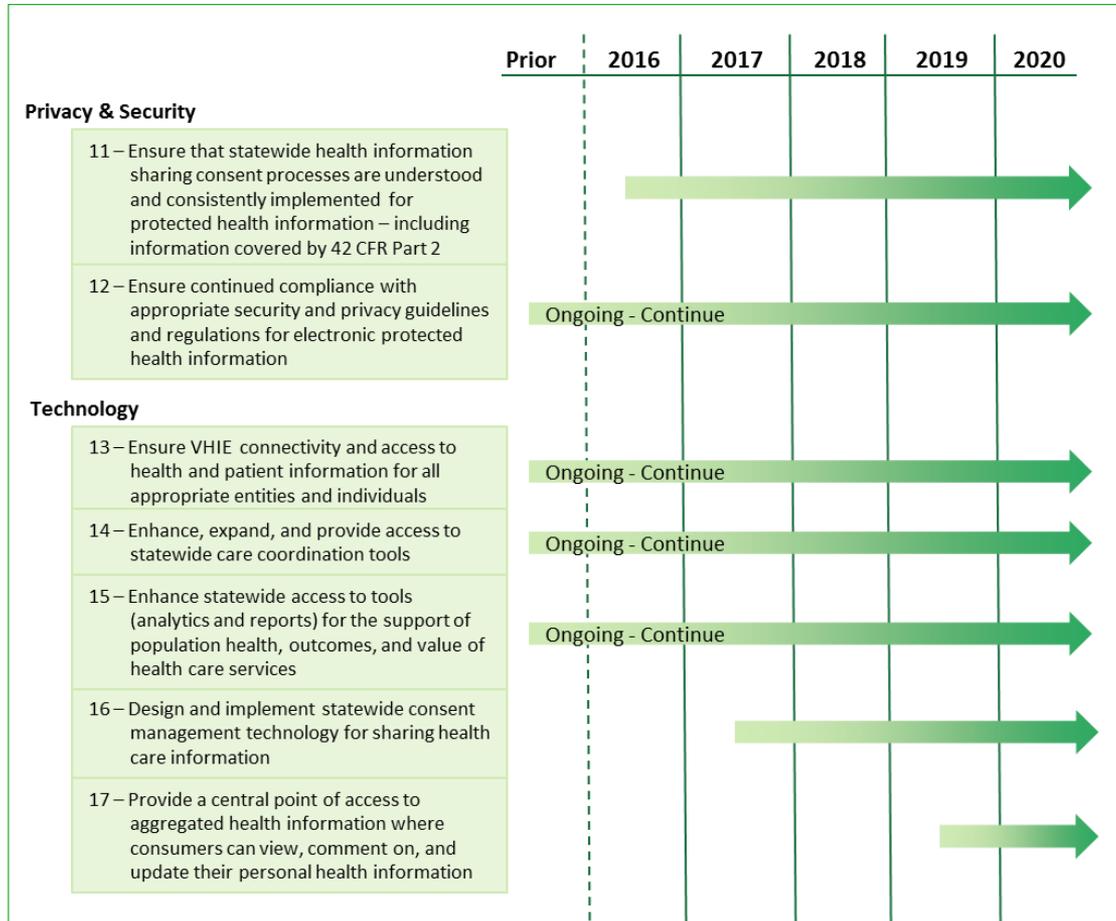
For all of the tables above:

- On-going operations including: program management staff, Blueprint for Health projects, and ongoing operations of the VHIE at VITL.
- Proposed Development: These are projects either in early planning and need to be prioritized through the future governance. Included in these estimates is the cost associated with program/project management in the amount of \$13.5m (\$1.35M of HIT Fund matched by federal funds) over 5 years.

# Initiatives Timeline



# Initiatives Timeline



# Current Governance

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- Statutory Authority for the HIT Plan and the HIT Fund reside with the Secretary of Administration. This is delegated to DVHA.
- During transition period AOA and the Governor's Office would lead the transition planning team (using staff at AOA and DVHA).
- Transition team would include State and private sector representatives.

# Transition Plan – Months 1- 4

Action/Activity	Milestone	Responsibility
Set up interim governance and coordination structures ( <i>Initiative #1</i> ) which have the appropriate authority and resources to prioritize, oversee, and coordinate HIT/HIE related projects, and to communicate regularly with key stakeholders.	Interim governance holds first meeting within first two months after plan approval  Develops prioritized lists of projects within six months after plan approval.  Develop plan for stakeholder communication and engagement; incorporate providers and consumer advocates as appropriate.	Governor's Office to: <ul style="list-style-type: none"> <li>Identify executive leadership, staff leads, roles, and responsibilities.</li> <li>Set up stakeholder committee to support the interim governance structure.</li> </ul>
Begin the work to establish a permanent HIT governance entity. ( <i>Initiatives #1,2,3,10</i> )	New entity identified and operational by 1/1/2017.  Address range of responsibilities, including authority, staffing and resource requirements, oversight, coordination, and outreach functions.	Governor's Office Agency of Administration
Launch expanded HIT coordination ( <i>Initiative #2</i> )	Initial role, responsibility, and authority defined.  Develop coordination and outreach plan, including necessary substance, documentation, and stakeholder engagement.	TBD by Interim Governance Structure.

# Transition Plan – Months 5 - 8

Action/Activity	Milestone	Responsibility
Launch project to simplify state reporting requirement (Initiative #8)	Project team identified.  Survey existing requirements and existing reporting coordination efforts.  Top 10 data elements to address identified.	TBD by Interim Governance Structure.
Begin to identify funding needs and sources to accomplish tasks contained within the VHITP.	High level plan for obtaining resources, including recommendations to the Secretary of Administration and next Administration for SFY18.	TBD by Interim Governance Structure.

# Transition Plan – Months 9 - 12

Action/Activity	Milestone	Responsibility
Finalize recommendations related to governance entity and resources.	Members identified, roles and responsibilities documented, meeting held, support resources identified.  Recommendation regarding governance entity made to new Administration.	Governor's Office Agency of Administration
Explore Master Data Management function ( <i>Initiative #3</i> )	First meeting held, roles, responsibilities, and high-level budget and schedule defined.	TBD by Interim Governance Structure.
Begin work on Consent Management Initiative ( <i>Initiative # 11</i> )	Project team identified.	TBD by Interim Governance Structure.
Begin process of annual review and update of VHITP.		TBD by Interim Governance Structure.