VHIE Connectivity Criteria

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VHIE Connectivity Criteria Overview

- Required under 18 V.S.A. § 9352(i)(2)

- Establishes the conditions for health care organizations to connect to the Vermont Health Information Exchange (VHIE)

- Annually reviewed and approved by the GMCB

- Currently outdated (established in 2014)

- Act 187 requires standards and protocols for electronic connectivity to health care data be incorporated into the State HIE Plan

Evolution of the Criteria

Existing Criteria	Revised Criteria
Created by VITL in 2014	DVHA connectivity team and VHIE customer and stakeholders engaged in 2018
VHIE focused. Measures technical capability of organization to connect and their use of VHIE products and services	Customer and stakeholder focused. Measures technical capability, quality of data contributed to meet health reform program requirements
3 categories, 4 stages within each	3 Tiers encouraging incremental approach to interoperability.
Customers and stakeholders do not understand benefits and outcomes in achieving the criteria. Customers unsure how to adopt and meet the criteria	Easy to understand: • Customers and Stakeholder roles and responsibilities • Objectives in meeting the criteria • How data will be accessed and used • Outcomes and benefits in meeting the criteria. Incorporates assessment tools (worksheets) to guide adoption and collaboration between customers, stakeholders and VITL

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Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network

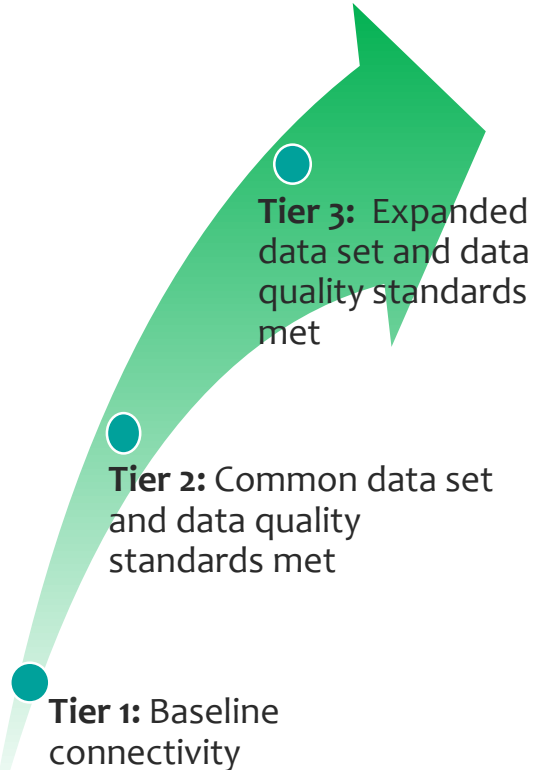**Tier 3**

Expanded data set and data quality standards met

Tier 2

Common data set and data quality standards met

Tier 1

Baseline connectivity standards met

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Connectivity Criteria

Uses expand as hospitals and practices advance through the stages

Tier 3: Expanded data set and data quality standards met

Tier 2: Common data set and data quality standards met

Tier 1: Baseline connectivity

Criteria	Objective	Value
• Expanded data sets for use by specific stakeholder(s) • Data is standardized	• Variety of quality data aggregated for specific use by stakeholders • Data can be analyzed across organizations	• Performance measurement and population health management applications are optimized • Expanded data uses possible for advanced end-user services
• One common data set for use by VHIE and all stakeholder(s) • Data is standardized	• Uniform, quality patient data aggregated • Data utility beyond point of care	• Stakeholders can measure quality and manage populations (inform quality measures) • Expanded data uses possible (example: Care Management)
• Data supports patient matching • Data is structured for storage and transmission	• Implement planned interfaces • Patient matching • Data use at the point of care and by stakeholders	• Clinicians can view basic data • Clinicians can receive electronic results • Patients are properly matched

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Focus is on Data Quality

- Interface development has previously focused on capability to connect or Tier 1

- CY19 and beyond will focus on Tier 2 with an eye toward Tier 3
  - Tier 2 consists of one common data set for use across the state by all stakeholders
  - Tier 3 consists of stakeholder specific data sets

- CY19 contracts + Connectivity Criteria will drive data quality:
  - Site Assessment and Gap Analysis
  - Development of a Data Quality Work Plan
  - Implement interfaces (Tier 1)
  - Implement Data Quality Work plan (Tier 2)
  - Tier 3 data quality work will be driven by specific data needs that vary across stakeholder programs

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Connectivity Criteria

Supports the core mission of the VHIE

- Connectivity criteria help to ensure core mission can be met
  - Helps to ensure all data needed to *match patients* across organizations is present
  - Helps to ensure a *comprehensive set of data* is collected
  - Helps to drive *data quality* by defining requirements data must meet
- Criteria can be used to hold EHR vendors accountable

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Connectivity Criteria

Supports the State HIE Plan

- Sets a path for organizations to connect and contribute data
  - Longitudinal health record for all
  - Improve operations at the practice
  - Population health management in the learning health system
- Assists customers and stakeholders in selecting or maximizing technology investments
- Assists in setting priorities

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Questions?