Vermont Health Information Exchange
Update to the Green Mountain Care Board

Michael K. Smith, VITL Interim President and CEO
Kristina S. Choquette, VITL Chief Operating Officer

February 26, 2018

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LEADERS, INC.

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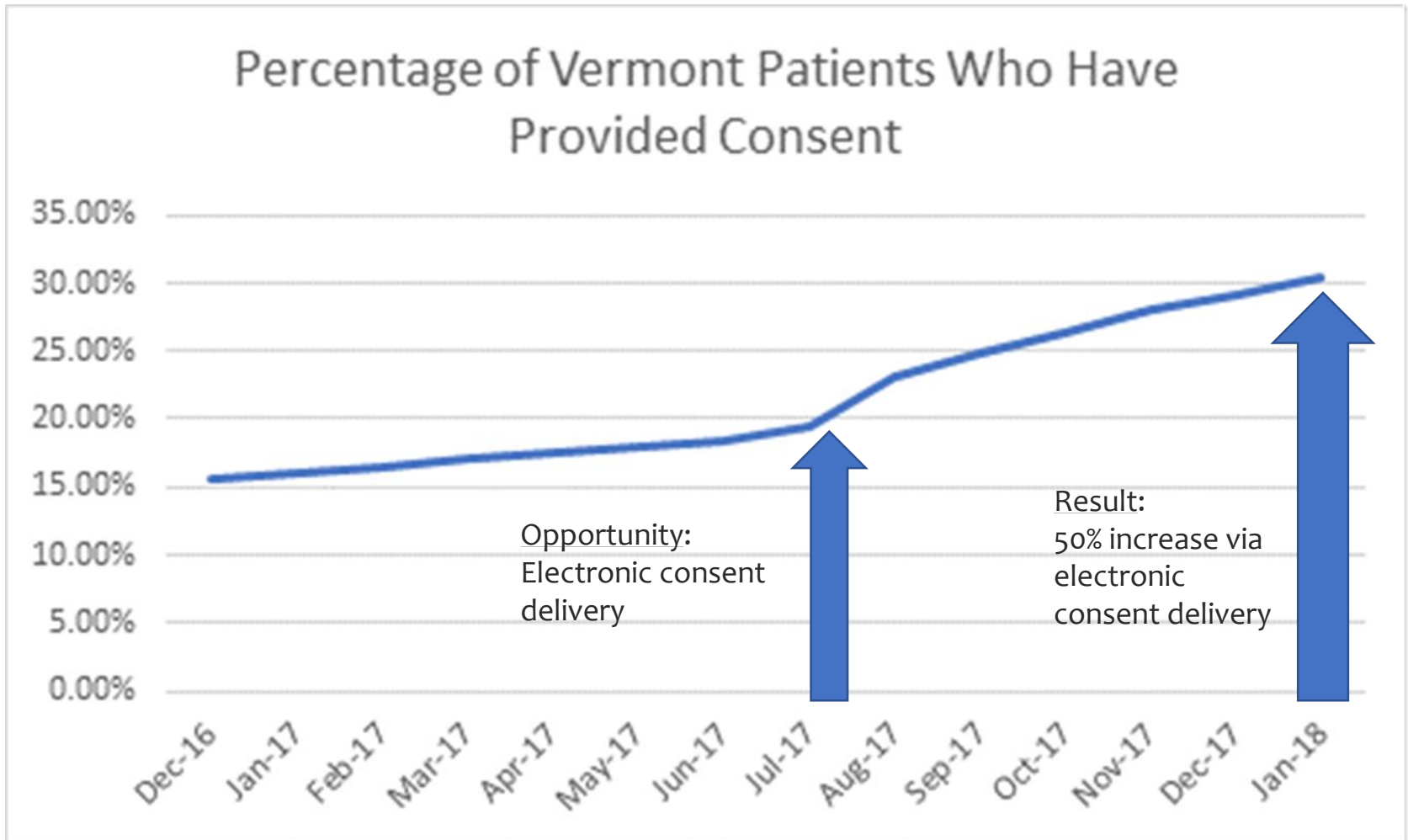# VITL/DVHA HIT Advisory Workgroup

Short-Term Plan

- Address immediate staffing needs to ensure stability
  - Mike Smith named new Interim President and CEO
  - Director of Technology hired to replace interim CTO

- Participate in the State's newly established HIE Steering Committee (January, 2018)

- Submit VITL's legislatively-mandated annual report (January, 2018)
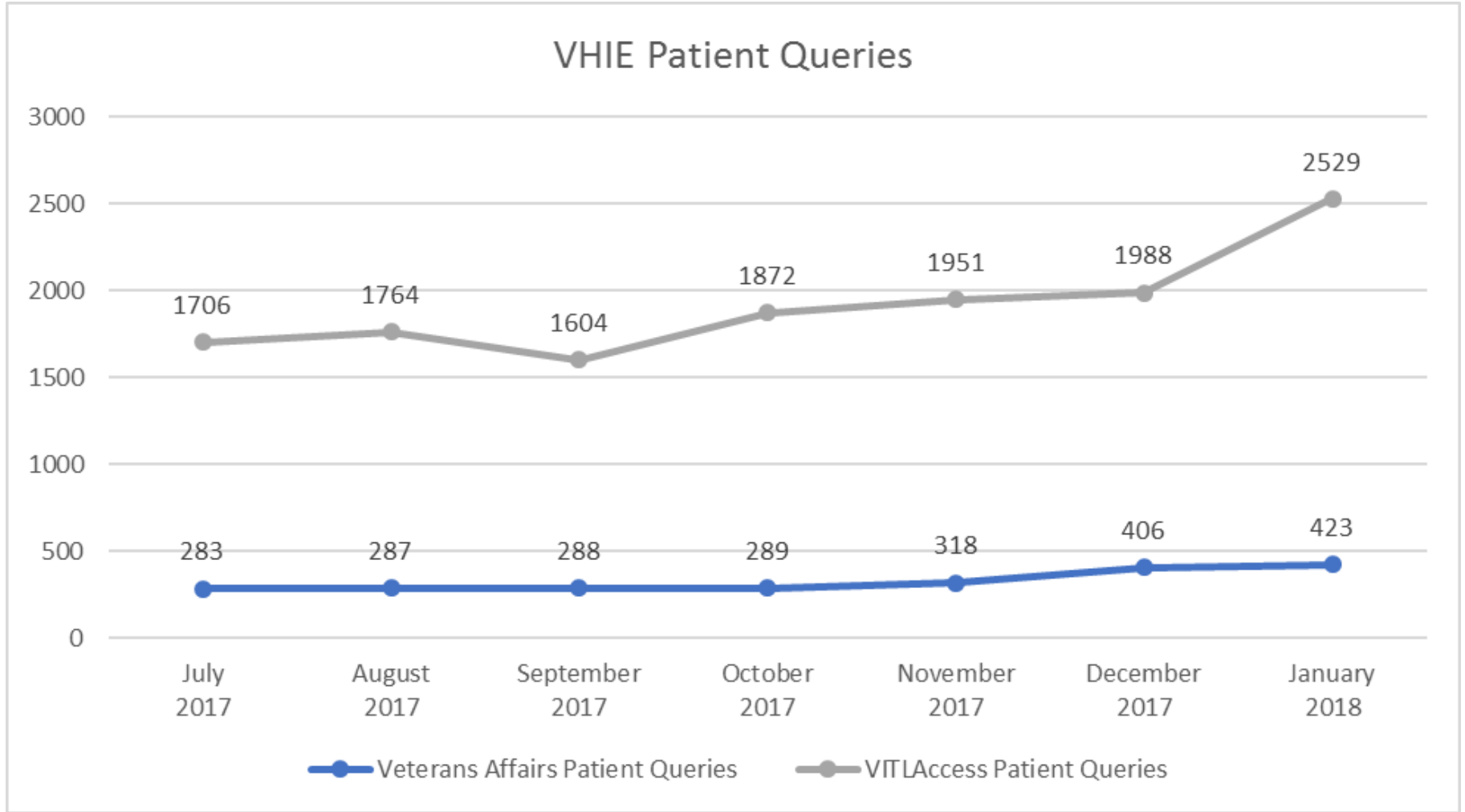
Long-Term Plan

- Work plan submission (May, 2018)

- Restructure the VITL Board to ensure that end users are guiding VITL operations and overseeing prudent management of projects and funds (December, 2018)

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Point of Care - Consent

Percentage of Vermont Patients Who Have Provided Consent

Opportunity: Electronic consent delivery
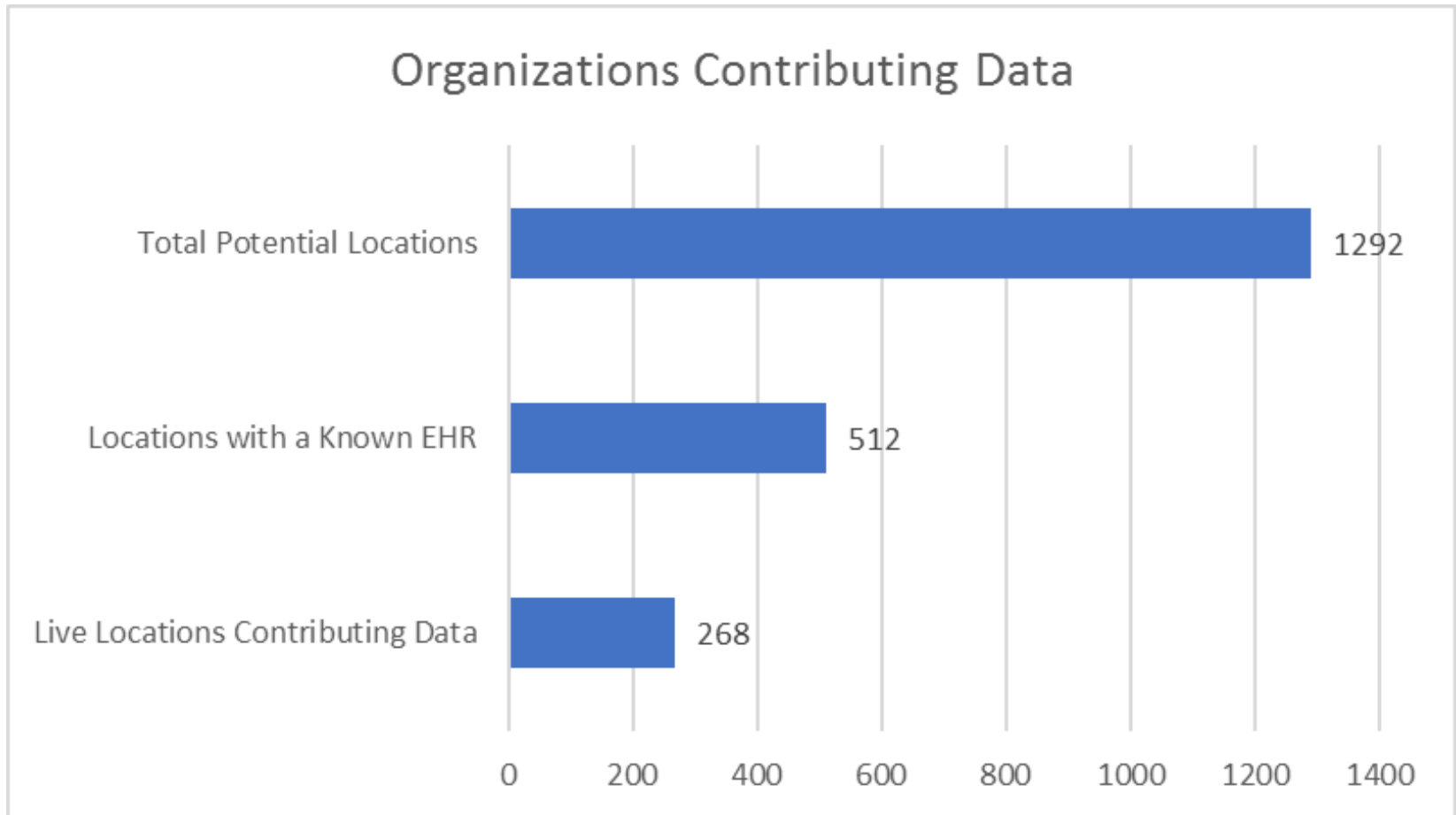
Result: 50% increase via electronic consent delivery

Patients must provide consent for providers to view or query data from the VHIE for use at the point of care

Point of Care - Utilization

VHIE Patient Queries

Veterans Affairs Patient Queries: July 2017 283, August 2017 287, September 2017 288, October 2017 289, November 2017 318, December 2017 406, January 2018 423

VITLAccess Patient Queries: July 2017 1706, August 2017 1764, September 2017 1604, October 2017 1872, November 2017 1951, December 2017 1988, January 2018 2529

Data Contributors

Organizations Contributing Data

Category	Value
Total Potential Locations	1292
Locations with a Known EHR	512
Live Locations Contributing Data	268

Total Potential Locations = all known locations including those with EHRs that are incapable of connecting, and locations that provide substance abuse disorder services which have additional restrictions on sharing.

VHIE Data Contributors

- Types of Data Contributors
  - 100% of hospitals are contributing data to the VHIE
  - 78% of Primary Care Practices are contributing data to the VHIE
  - 99% of Home Health and Hospice (VNA) are contributing data
  - Focus for Improvement: Less than 14% of all other providers are contributing data to the VHIE

- Types of Data Contributed
  - Laboratory/Pathology, Radiology, and Transcribed reports
  - Patient Demographics
  - Admission, Discharge, and Transfer information
  - Clinical Care Summaries
  - Immunizations

- As a result, 92% of Vermonters have data in the VHIE.
  - Patient consent is needed for this data to be utilized at the point of care by providers.

Support Health System Measurement

- VHIE data aggregation and delivery
  - Leverages Health Care Organization IT investments ("chart once, use many times")
  - Leverages State IT investments (Data Marts, Terminology Services)

- VHIE data is being used to measure outcomes on key health reform metrics
  - Reduces reliance on chart abstraction techniques to gather data for analytics
  - Three All Payer ACO measures reliant on clinical data from the VHIE
  - Blueprint for Health's Vermont Clinical Registry reliant on VHIE data, including historical data and expansion of data types

VHIE Data Security

- Goal is to identify areas of risk before they become exploitable vulnerabilities

- Scan completed by Cynergistek in January 2018

- Increased the scope of the assessment to 161 controls vs. 93 in FY17

- Currently reviewing report to proactively address potential technical vulnerabilities

- Continue to audit VHIE access of "Break the Glass" events as they are generated by health care organizations

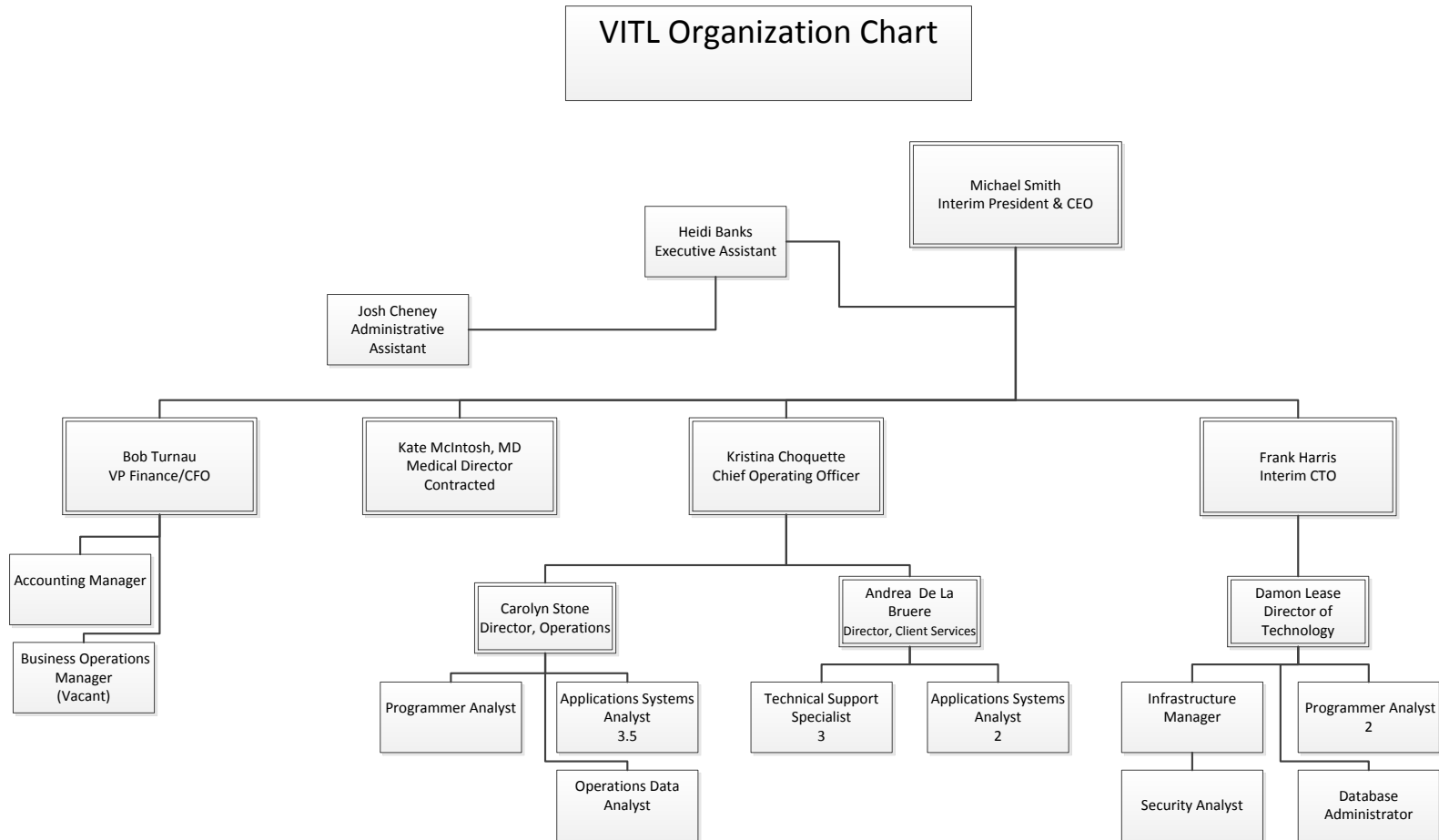- Continue to monitor and audit patient consent set within the VHIE
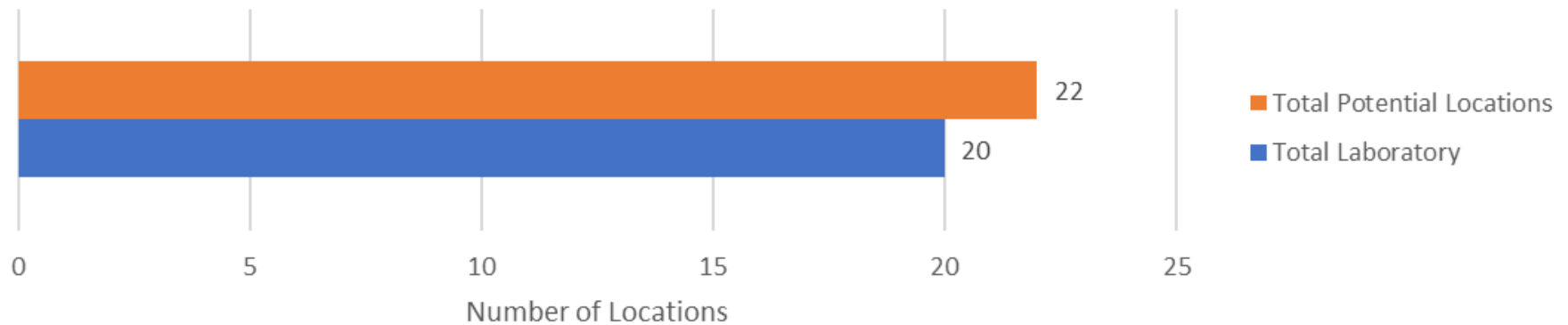
Connectivity Criteria

- Purpose is to establish criteria for creating or maintaining connectivity to the state's health information exchange network

- GMCB approved the Connectivity Criteria on February 6, 2014

- Renewal of criteria by GMCB **due March 1, 2018**
  - Request approval for existing Connectivity Criteria to remain in effect

- <u>In Progress</u>: Updating the criteria to align with the submission of the HIE Plan
  - Improve the usefulness and utilization of the criteria
  - Define the standards, requirements, roles and responsibilities of all participants
  - Engage stakeholders to provide feedback

Reference Slides

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VITL Organization Chart

VITL Organization Chart

Michael Smith
Interim President & CEO

Heidi Banks
Executive Assistant

Josh Cheney
Administrative
Assistant

Bob Turnau
VP Finance/CFO

Kate McIntosh, MD
Medical Director
Contracted

Kristina Choquette
Chief Operating Officer

Frank Harris
Interim CTO

Accounting Manager

Business Operations
Manager
(Vacant)

Carolyn Stone
Director, Operations

Andrea De La
Bruere
Director, Client Services

Damon Lease
Director of
Technology

Programmer Analyst

Applications Systems
Analyst
3.5

Technical Support
Specialist
3

Applications Systems
Analyst
2

Infrastructure
Manager

Programmer Analyst
2

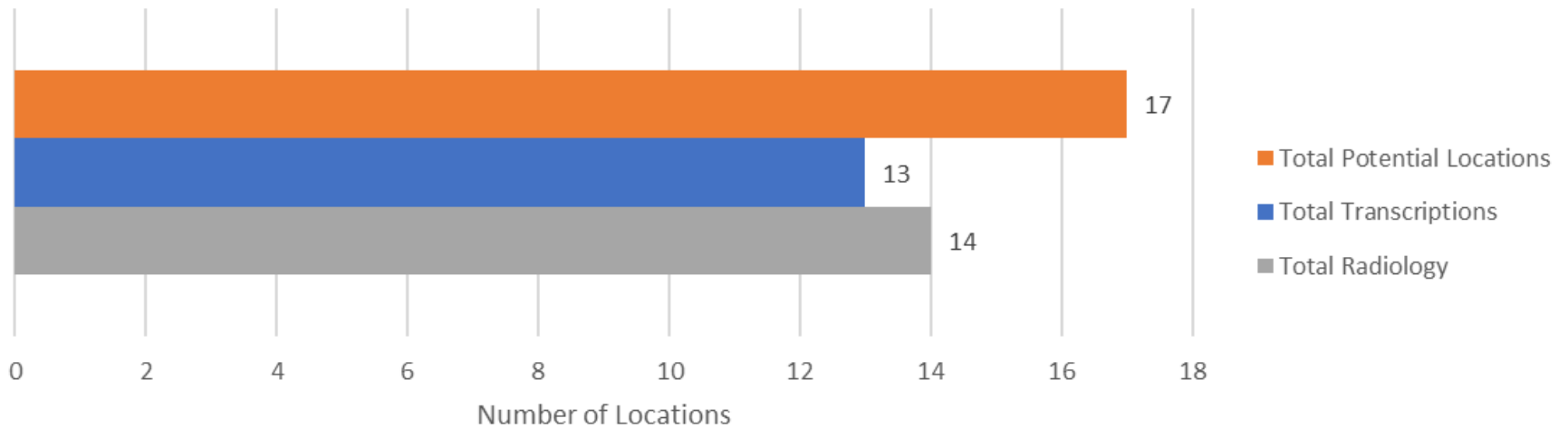Operations Data
Analyst

Security Analyst

Database
Administrator

Live Contributing Interfaces by Message Type
Laboratory (LAB)

The Total Potential Locations is all Hospitals in Vermont, and Dartmouth-Hitchcock (NH), Cottage (NH), Samaritan (NY) Hospitals, and 5 Commercial Laboratories.

Lab messages are used to share laboratory test results.

Live Contributing Interfaces by Message Type Radiology (RAD) and Transcription (TRANS)

The Total Potential Locations is all Hospitals in Vermont, and Dartmouth-Hitchcock (NH), Cottage (NH) and Samaritan (NY) Hospitals.

Radiology messages are used to share medical imaging reports. Transcription messages are used to share notes on the patient.

Live Contributing Interfaces by Message Type
Admission, Discharge and Transfers (ADT) and Clinical Documents (CCD/MDM)
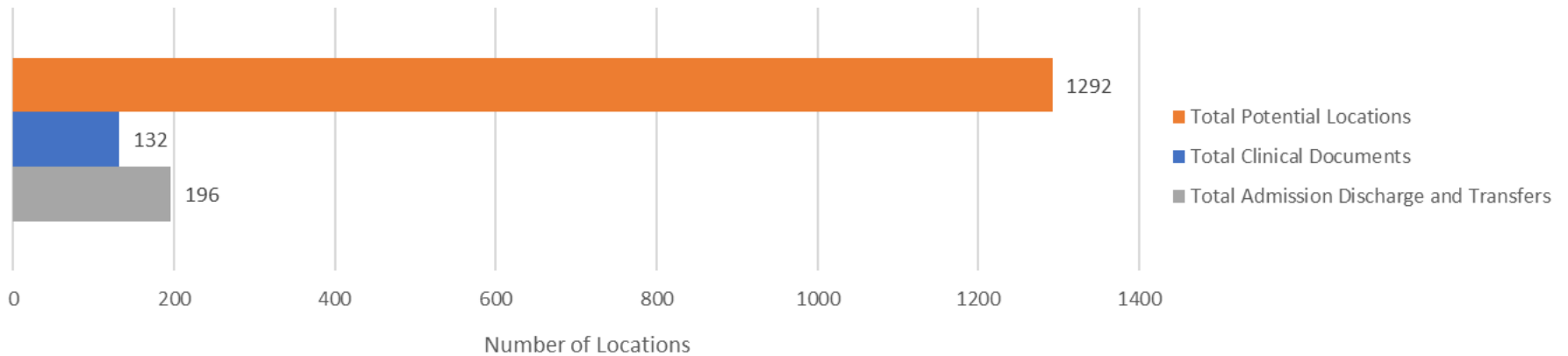

Total Potential Locations bar includes all known healthcare locations, including those with no Electronic Health record (EHR), EHRs that are incapable of connecting, and locations that provide substance abuse disorder services, which have additional restrictions on sharing.

Admission, Discharge and Transfer (ADT) messages are used to update patient demographics or communicate events about a patient.

Clinical Documents are used to share summary medical information about the patient. They can contain allergies, problems, procedures, family history, medications, immunizations, results, vital signs, encounters and more.

Live Contributing Interfaces by Message Type Immunizations (VXU)

278 — Total Potential Locations
216 — Total Immunizations

Number of Locations
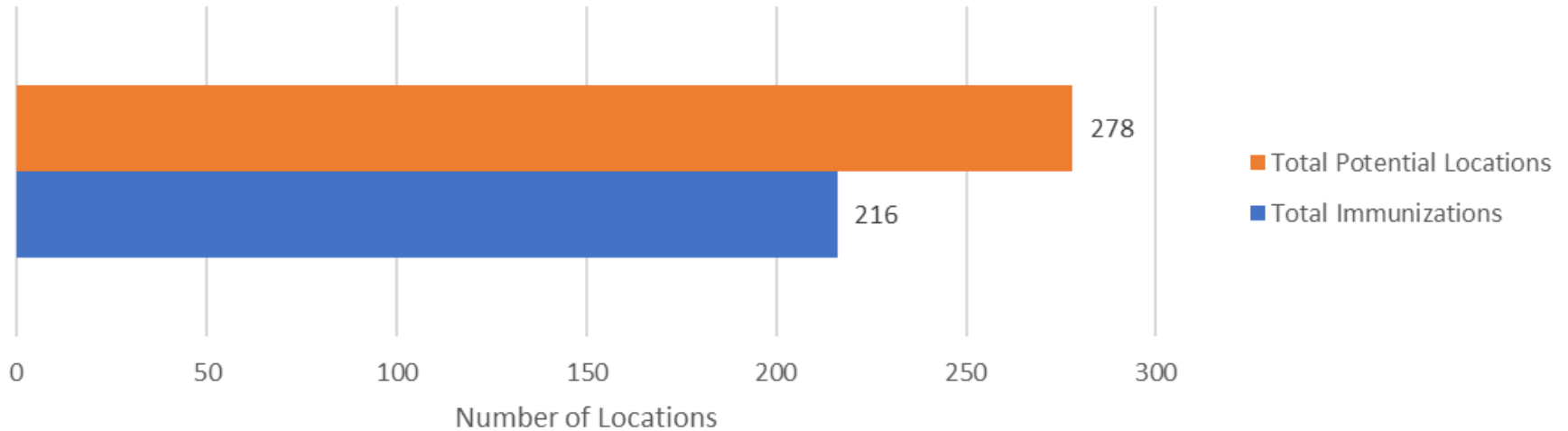
The Total Potential Locations is Locations Identified by the Vermont Immunization Registry.

Immunization messages are used to share new immunizations administered as well as any historical immunizations.