

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Review of 2018-2019 Health Information)
Exchange Strategic Plan and 2019 VHIE)
Connectivity Criteria)
_____)

**DECISION AND ORDER APPROVING 2018-2019 HIE PLAN AND
VHIE CONNECTIVITY CRITERIA**

Introduction

The Vermont legislature tasked the Department of Vermont Health Access (DVHA), in consultation with DVHA’s Health Information Exchange Steering Committee, with coordinating Vermont’s Health Information Technology (HIT) Plan,

which shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients ...[and] shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, access to advance care planning documents, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.

18 V.S.A. § 9351(a). The Green Mountain Care Board (“Board”) must review and approve the HIT Plan – now known as the Health Information Exchange Strategic Plan (HIE Plan) – “to ensure that the necessary infrastructure is in place to enable the State to achieve the principles expressed in section 9371 of this title.” 18 V.S.A. § 9375(b)(2)(A).

In addition, Vermont Information Technology Leaders (VITL) is required to “establish criteria for creating or maintaining connectivity to the State’s health information exchange network” (known as the Vermont Health Information Exchange, or VHIE) and provide those “criteria to the Board by March 1 each year.” 18 V.S.A. § 9352(i)(2). The Board first voted to approve connectivity criteria on February 6, 2014; the approved criteria have remained unchanged since that time. When VITL presented connectivity criteria for review on February 28, 2018, the Board deferred approval of the revised criteria pending its receipt and review of the HIE Plan.

Background

In 2017, the legislature in Act 73 charged the Department of Vermont Health Access (DVHA) with undertaking an external evaluation of Vermont’s HIE activities. The resulting report, performed by contractor HealthTech Solutions, was published in November 2017 and has four major findings:

1. Health information exchange is expensive and difficult for all states.
2. HIE systems – which aggregate clinical data and share it with providers and health care organizations to support clinical care, quality measurement, and policymaking – are essential.
3. Vermont’s HIE activities are not organized in a way that facilitates success.
4. Stakeholders lack confidence in VITL and the Vermont HIE (VHIE), and there is room for improvement.

The report makes seven recommendations, quoted below from the report’s Executive Summary:

- Implement an effective governance model;
- Develop and manage to a strong HIE strategic plan;
- Transparently tie program goals to financial decisions;
- Define outcomes and performance measures for all HIE investments;
- Make HIE operations accountable to all customers, including the state;
- Create an HIE Board of Directors consisting of a mix of stakeholders including subject matter experts and users;
- Ensure that the HIE operator is focused and delivers upon its core mission:
 - Connecting all patient data to the system,
 - Matching patients to records in the HIE,
 - Producing high-quality data, and
 - Ensuring ease of use of data to support quality care and health system improvement.

HealthTech Solutions, *Vermont Evaluation of Health Information Technology Activities* (Nov. 10, 2017) at 6-7, available at <https://legislature.vermont.gov/assets/Legislative-Reports/VT-Evaluation-of-HIT-Activities-FinalReport-Secretary-Signature.pdf>.

In response to the report’s findings, DVHA convened an HIE Steering Committee in late 2017 comprised of state agency representatives and private sector stakeholders. The group met bi-weekly throughout 2018 to develop the HIE Plan, with a particular focus on developing an HIE governance structure to guide future investments and policymaking.

To increase VITL’s accountability and address concerns raised in the report, the House Committee on Health Care in early 2018 introduced legislation requiring VITL to provide additional reporting to the legislature and the Board, and DVHA to develop a formal workplan for managing its HIE-related activities, including development of an HIE Plan. The legislation, signed into law as Act 187 of 2018 on May 28, 2018, also extended the portion of the health care claims tax dedicated to the HIT Fund through July 1, 2019.

DVHA appeared before the Board to report on the Steering Committee’s work and its progress on the HIE plan on February 26, May 9, August 1, and October 17, 2018; materials from each of these presentations are available at: <https://gmcboard.vermont.gov/content/2018-board-meeting-information-0>.

Board Review Process

DVHA formally submitted the HIE Strategic Plan to the Board on November 1, 2018, including the 2019 VHIE Connectivity Criteria (“Connectivity Criteria”) as an attachment. *See Vermont’s Health Information Exchange Strategic Plan: 2018-2019, available at https://gmcbboard.vermont.gov/sites/gmcb/files/HIEPlan_SubmittedbyDVHATOgmcb_11.1.18.pdf*. The Plan and Connectivity Criteria were publicly presented at the Board’s November 7, 2018 Board meeting, during which GMCB staff proposed four principles to support the Board’s review of the HIE Plan, and two principles to support review of the Connectivity Criteria:

Suggested principles for HIE Plan review:

- Is the HIE Plan consistent with the requirements of 18 V.S.A. § 9351?
- Is the HIE Plan consistent with the Principles for Health Care Reform in 18 V.S.A. § 9371?
- Is the HIE Plan consistent with other relevant legislation?
- Does the HIE Plan incorporate national best practices and expertise, as well as feedback from Vermonters, including key HIE constituents (VITL, State of Vermont HIE stakeholders, and other private HIE providers), health care providers, and individuals seeking care?

Suggested principles for Connectivity Criteria review:

- Are the proposed Connectivity Criteria in alignment with HIE Plan goals, and will they support implementation of the HIE Plan?
- Are the proposed Connectivity Criteria sufficiently clear to be operationalized by VITL, the State of Vermont, and health care provider organizations?

Based on its review and in light of these principles, staff made an initial recommendation that the Board approve the Plan and Connectivity Criteria. In addition, the Board accepted comments from three attendees at the November 7 Board meeting; two focused on the complexity and expense of the HIE system and the challenges faced by health care providers, and the third was a statement of support from a representative of Bi-State Primary Care Association.

The Board also received one comment during the special public comment period from November 2 to November 15, 2018, in which the Office of the Health Care Advocate (HCA) expressed concerns about consumer engagement and representation in the proposed HIE governance body.

On November 19, 2018, GMCB staff recommended that the Board vote to approve the 2018-2019 HIE Plan. Staff explained that while the HIE Plan does not propose specific technology investments as set forth in the criteria, DVHA made a strategic decision to omit the investments in light of planned changes in HIE governance, and because the Plan’s thorough review of the technical aspects of HIE provides a solid foundation for thoughtful technological investment recommendations in the future. The staff recommended the Connectivity Criteria be revised to add the GMCB as a stakeholder in each connectivity tier, and to recognize that Certificate of Need applications for HIT projects must address the Criteria. 18 V.S.A. § 9440b.

Decision

After receiving testimony from DVHA addressing the HCA’s concern regarding consumer representation, the Board on November 19, 2018 voted unanimously to approve the HIE Plan and Connectivity Criteria, including the staff’s recommendations to revise the language of the Connectivity Criteria to add the GMCB as a stakeholder in each connectivity tier, and to recognize that Certificate of Need applications for HIT projects must address the Criteria.

ORDER

Based on the foregoing, the Board APPROVES the 2018-2019 Vermont Health Information Exchange Strategic Plan, including the revised 2019 Connectivity Criteria as described above.

SO ORDERED.

Dated: November 29, 2018 at Montpelier, Vermont

| | | |
|-------------------------------|---|----------------|
| <u>s/ Kevin Mullin, Chair</u> |) | |
| |) | |
| <u>s/ Jessica Holmes</u> |) | GREEN MOUNTAIN |
| |) | CARE BOARD |
| <u>s/ Robin Lunge</u> |) | OF VERMONT |
| |) | |
| <u>s/ Tom Pelham</u> |) | |
| |) | |
| <u>s/ Maureen Usifer</u> |) | |

Filed: November 29, 2018

Attest: s/ Jean Stetter, Administrative Services Director
Green Mountain Care Board