



2018-2019 Health Information Exchange Strategic Plan

2019 Connectivity Criteria

Final Staff Recommendation

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November 19, 2018

Process Reminder

- **November 1:** DVHA and VITL submitted HIE Plan and Connectivity Criteria
- **November 2-November 15:** Special public comment period
 - Public comment: 1 written comment received
- **November 7:** DVHA and VITL presented HIE Plan and Connectivity Criteria
 - Public comment: 3 verbal comments received
- **November 19:** Staff recommendation to GMCB on HIE Plan and Connectivity Criteria votes; potential votes
- **November 28:** Potential votes on HIE Plan and Connectivity Criteria (if no vote on 11/19)

Assessing the 2018-2019 HIE Strategic Plan

1. *Is the HIE Plan consistent with the requirements of V.S.A. 18 § 9351?*

V.S.A. 18 § 9351 (b) describes requirements for the Health Information Technology Plan, including supporting “effective, efficient, statewide use of electronic health information” for a variety of purposes; educating providers and the public; supporting interoperability; proposing strategic investments in technology and infrastructure; recommending funding mechanisms; incorporating existing initiatives whenever possible; integrating with the Blueprint for Health and Medicaid information technology systems whenever possible; and addressing issues related to governance and security.

As submitted on November 1, **the HIE Plan meets each of these criteria**, with the exception of proposing specific technology investments. DVHA has indicated that this was a strategic choice given the planned changes in HIE governance.

Assessing the 2018-2019 HIE Strategic Plan

2. *Is the HIE Plan consistent with the Principles for Health Care Reform in V.S.A. 18 § 9371, and will it help achieve the State's health reform goals?* V.S.A. 18 § 9371 establishes 14 principles for health care reform. While the HIE Strategic Plan (and health information technology in general) is not relevant to every principle, it speaks to several:

- System transparency, efficiency, and accountability (#3): The HIE Plan seeks to enable the flow of clinical information to support these objectives (e.g., by decreasing duplicative services, by enabling measurement and evaluation)
- Enhancing and preserving primary care (#4) and recognizing the primacy of the patient-provider relationship (#8): A foundational goal of the HIE Plan is a longitudinal health record for every person, which would allow primary care providers to more easily access information related to their patients to support coordinated, efficient care. In addition, efforts to redesign HIE consent aim to allow patients to provide more customized preferences around who can view their data.
- Continuous quality improvement and evaluation (#9): A more complete and high-quality clinical information system will enable continuous quality improvement, ongoing evaluation, and state policymaking.
- Eliminating unnecessary expenditures (#10): A more complete and high-quality clinical information system will reduce duplication and unnecessary services via accurate longitudinal health records easily accessed by practitioners.
- Partnership between consumers, employers, health care professionals, hospitals, and the State and federal government (#13): The HIE Plan was developed by DVHA in partnership with private sector partners (HIE Steering Committee) and has been reviewed by key private-sector stakeholders.

Assessing the 2018-2019 HIE Strategic Plan

3. *Is the HIE Plan consistent with other relevant legislation?* Staff considered the HIE Strategic Plan's alignment with Act 187 of 2018. Act 187 was a continuation of Act 73 of 2017, and focuses on continued oversight and evaluation of VITL and DVHA's HIE program.

To assess compliance with this principle, staff considered the sections of DVHA's Act 187 Workplan specific to the HIE Strategic Plan. All activities were completed in November 2018.

- Objective: The Governance Committee will develop a new HIT Plan that is performance-based and traceable to state strategy. The State will commit to follow and meet the HIT Plan goals and objectives.
 - Activity 1: Establish a stakeholder engagement process for the HIT Plan development.
 - Activity 2: In the HIT Plan, establish a more formal process of setting funding and prioritizing projects based on efficient and effective use of public and private resources and define accountability standards to ensure program transparency. Complete an inventory of existing and projected funds to help guide priorities.
 - Activity 3: In the HIT Plan, clearly define the roles and relationships among the major HIT/HIE organizations and initiatives (e.g., Blueprint for Health, OneCare Vermont – All-Payer Model, VITL, CMS 1115 Waiver).
 - Activity 4: In the HIT Plan, include mechanisms that require ongoing review, evaluation, and continuous improvement of HIT/HIE initiatives and outreach/education plans.

Assessing the 2018-2019 HIE Strategic Plan

4. 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?

- National Best Practices and Expertise: The HIE Plan builds on national standards and models for HIE governance and technology/IT services. DVHA and the HIE Steering Committee consulted with the Office of the National Coordinator for HIE (ONC), including experts from states with successful HIEs (Colorado, Oklahoma), with a particular focus on governance and financing.
- Feedback from Vermonters: The HIE Steering Committee includes stakeholders from a variety of key HIE constituencies. In addition, DVHA staff and HIE Steering Committee members met with other HIE stakeholders during an “HIE Plan Roadshow” in September and October 2018, including GMCB’s Primary Care Advisory Group, Bi-State Primary Care Association, Vermont Medical Society, Medicaid and Exchange Advisory Board, VITL Board, and state leadership and staff from key agencies and programs.

Assessing 2019 Connectivity Criteria

1. Are the proposed Connectivity Criteria in alignment with HIE Plan goals, and will they support implementation of the HIE Plan and achievement of the State's health reform goals?

- Yes. The proposed Connectivity Criteria align with the HIE Plan's goals and structure, and will support increased availability of high-quality, usable data – critical to the achievement of Vermont's health reform goals.

2. Are the proposed Connectivity Criteria sufficiently clear to be operationalized by VITL, the State of Vermont, and health care provider organizations?

- Yes. The proposed Connectivity Criteria were developed to expand providers' ability to submit and receive structured data from the VHIE, in part by providing specific standards and requirements to support Vermont providers in contract negotiations with EHR vendors.

Summary of Public Comment

The Board has received the following comments:

- Two consumer advocates provided verbal comment focused on the complexity of the HIE system; the expense of HIE and EHR investments; and the challenges EHRs present for health care providers
- A representative of Bi-State Primary Care Association commented verbally in support of the HIE Strategic Plan at the November 7 Board meeting
- The Office of the Health Care Advocate submitted a written comment on November 15, expressing concerns about consumer engagement and representation in the proposed HIE governance body

Staff Recommendations

- **Approve the 2018-2019 Health Information Exchange Strategic Plan as submitted.**
- **Approve the 2019 Connectivity Criteria.**
 - *Revision:* Add GMCB as a stakeholder in each connectivity tier; mention requirement to include connectivity tier in HIT-related Certificate of Need requests.