Health Information Exchange/Health-IT
Update to the Green Mountain Care Board

Michael Costa, Deputy Commissioner, Department of Vermont Health Access
Emily Richards, HIE Program Director, Department of Vermont Health Access
February 26, 2018
Recap of Recent Activities

• Evaluation
  • Act 73 of 2017 called for a comprehensive study of HIE in Vermont
  • HealthTech Solutions provided a credible, actionable report in November 2017

• Testimony
  • Green Mountain Care Board – overview of HIE Evaluation (December 14, 2017)
  • House Committee on Health Care – overview of HIE Evaluation (January 11, 2018)
  • House Committee on Ways and Means – overview of HIE Evaluation and HIT-Fund (February 14, 2018)
  • House Committee on Health Care – VITL and HIT-Fund (February 14, 2018)

• Work
  • HIE Steering Committee Established in November, 2017
    • Supporting DVHA’s development and execution of a state-wide HIE Plan
  • HIT Advisory Committee
    • Partnership with the VITL Board and Executives
Partnership with VITL

• New agreement format in SFY18
  • Deliverables based contract tying performance to payment
  • Executive Management Team guiding work
  • Formalized project management processes supporting efficiency
• HIT Advisory Committee – production of a VITL Action Plan (3-month & 1 year plan)
• VITL role on the HIE Steering Committee
In 2017, Act 73 called for a comprehensive study of HIE in Vermont. The study report demonstrates that:

- HIE is expensive and difficult for all states.
- Vermont stakeholders affirmed that HIE systems are essential.
- VT is not organized in a way that increases its chances for success.
- VT’s HIE has yet to set a solid foundation and stakeholders lack confidence.
- There is clear room for improvement. VT can reproduce other state’s success
Where do we go from here?

• Draft legislation calls for DVHA to provide:
  • A Work Plan that clearly defines the goals DVHA and VITL must achieve as a requirement for continued work and funding. *To be delivered: May, 2018*

  • Progress updates on a) developing a statewide Health Information Technology Plan (HIT Plan), (b) improving health information exchange in Vermont, and (c) partnering with VITL as it works to fulfill its statutorily prescribed mission. *To be delivered: May 1, July 1, September 1, November 1, 2018*

  • A contingency plan triggered if DVHA and VITL cannot implement the recommendations outlined in the Work Plan. *To be delivered: September 1, 2018*
Planning Timeline

Establish an HIE Governance Committee

Complete the HIE Evaluation

Ensure that Key Stakeholders Understand Evaluation Findings and Recommendations

Bi-Monthly HIE Update to the GMCB

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Execute VITL Contract Extension

Submit the HIE/HIT Plan to GMCB for Approval

In Partnership with the VITL Board, Develop a Transition Plan to Address VITL Operational Issues Identified in the Evaluation

Support the execution of VITL transition plans

Work Plan Submission

Contingency Plan Submission

Progress Report Submission

Progress Report Submission

Progress Report Submission

Progress Report Submission
The HIE Strategic Plan (HIT Plan)

• In November 2017, DVHA established the Health Information Exchange (HIE) Steering Committee

• The purpose of the HIE Steering Committee is to help the Agency of Human Services
  • Understand the role of the State in facilitating access to tools and data to the healthcare community to enhance/improve the health of all Vermonters
  • Create a plan that reflects this role
  • Oversee the timely execution of that plan
  • Evaluate the plan’s effectiveness
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Reason for Selection</th>
<th>Voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Costa</td>
<td>Chair</td>
<td>Agency designated program sponsor for HIE/HIT</td>
<td>Voting</td>
</tr>
<tr>
<td>Leah Fullem</td>
<td>ACO Lead</td>
<td>Vermont’s health care reform goals rely heavily on ACOs</td>
<td>Voting</td>
</tr>
<tr>
<td>Kelly Lange</td>
<td>Insurance Lead</td>
<td>Investments should be aligned across payers.</td>
<td>Voting</td>
</tr>
<tr>
<td>Simone Rueschemeyer</td>
<td>Community Provider Lead</td>
<td>Representative a behavioral health services and data exchange.</td>
<td>Voting</td>
</tr>
<tr>
<td>Craig Jones</td>
<td>National &amp; State HIE</td>
<td>National thinker on HIT/HIE with VT delivery system experience.</td>
<td>Voting</td>
</tr>
<tr>
<td>Andrew Laing</td>
<td>Technologist</td>
<td>Information systems SME; ADS Representative (Chief Data Officer)</td>
<td>Voting</td>
</tr>
<tr>
<td>Tracy Dolan</td>
<td>Public Health Lead</td>
<td>Public Health data exchange is essential to successful HIE, and it is a focus of federal incentive programs</td>
<td>Voting</td>
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<tr>
<td>Kristina Choquette</td>
<td>VITL Lead</td>
<td>VHIE Representative</td>
<td>Non-Voting</td>
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<tr>
<td>Beth Tanzman</td>
<td>Practice Innovation Lead</td>
<td>Blueprint for Health is considered a key stakeholder in practice level health care reform.</td>
<td>Non-Voting</td>
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<tr>
<td>Emily Richards</td>
<td>HIE Program Lead</td>
<td>DVHA’s HIE Program Director overseeing HIE contracts, federal plans and funding requests, and the HIE Team.</td>
<td>Non-Voting</td>
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HIE Steering Committee

The Steering Committee’s Vision
To enable health information exchange that promotes quality healthcare in Vermont.

The Steering Committee’s Mission
To work across organizations and disciplines to create and endorse a shared view of the definition, purpose, and goals of HIE in Vermont.

The Steering Committee’s Guiding Principles
• We commit to creating an HIE Plan that is accurate, reliable and actionable.
• We drive to use technology and data to support value-based care.
• We are accountable for meaningful work that furthers the goals of HIE.
• We work to optimize what exists today and be thoughtful about future developments.
• We are good stewards of limited public and private resources.
• We exist to develop systems that better the health and well-being of Vermonters.
Considerations

• **Ability of DVHA and VITL to succeed**
  - A great deal of planning and execution is required to remediate the issues identified in the evaluation report.
  - Vermont requires health information exchange.

• **Financial sustainability challenges**
  - The HIT Fund is reviewed annually.
  - CMS funding to support health information exchange/health-IT activities expires in 2021.

• **Keeping pace with national progress**
  - States and regions continue to evolve health information exchange networks, and each component part.
  - The 21st Century Cures Act calls for a Trusted Exchange Framework focused on nationwide network-to-network exchange of health data.

• **Shifts in Vermont’s health information network**
  - Most providers now use e-health records allowing them to assess how electronic data can and should meet their needs.
  - UVMMC will unify under one e-health record system – the role of Vermont’s HIE must be complimentary.
  - Health information is more on demand from patients, providers, analysts and policy makers.