

MEMORANDUM

TO: Rep. Catherine Toll, Chair, House Committee on Appropriations
Rep. William J. Lippert Jr., Chair, House Committee on Health Care
Rep. Janet Ancel, Chair, House Committee on Ways and Means
Sen. Jane Kitchel, Chair, Senate Committee on Appropriations
Sen. Claire Ayer, Chair, Senate Committee on Health and Welfare
Sen. Tim Ashe, Chair, Senate Committee on Finance
Kevin Mullin, Chair, Green Mountain Care Board (GMCB)

FROM: Michael Costa, Deputy Commissioner, Department of Vermont Health Access (DVHA)
Michael Smith, Vermont Information Technology Leaders (VITL)

DATE: May 1, 2018

RE: Progress on Health Information Exchange/Health-IT Work Plan

The [Health Information Technology/Health Information Exchange Evaluation Report](#) required by Act 73 of 2017 provided the State with clear recommendations to improve Health Information Exchange/Health-IT in Vermont. H.901, “An act relating to health information technology and health information exchange” provides a framework for the State to enact the recommendations in that report. DVHA and VITL are submitting a Health Information Exchange/Health-IT work plan in anticipation of the passage and enactment of H.901.

DVHA and VITL created this document to ensure that the State continues to make sufficient and timely progress of Health Information Exchange/Health-IT issues and to help policymakers and stakeholders track and assess the work being done to improve the health information exchange in Vermont. The work plan is structured so that each objective ties back to the Act 73 report, activities drive success in achieving the objective, there is an accountable party, and there is a deadline. DVHA and VITL will monitor the status of each objective on a regular basis.

The work plan does not represent all work undertaken by DVHA and VITL in response to the Act 73 Evaluation Report. DVHA and VITL have already addressed several findings contained in the Act 73 Evaluation Report.

Addressed the Lack of Governance Structure and Strategic Plan.

The State established the HIE Steering Committee, which is tasked with developing a statewide strategic plan by November of this year. The Steering Committee includes representatives from across the care continuum who are wholly focused on ensuring that the strategic plan is consensus-driven, achievable and acts as the foundation for continued planning. Also, VITL and DVHA convened an “HIT Advisory Committee” which consists of key VITL Board members and Executives and DVHA leadership and staff to address issues with the VHIE, as identified in the Evaluation Report. The HIT Advisory Committee’s initial work plan guided activity from December 2017 through May 2018 and is included as an appendix to this document.

DVHA and VITL Worked to Stabilize the VHIE’s Core Functions via a Contract Amendment.

DVHA moved VITL from a grant to a deliverables-based contract in 2017. Now, DVHA and VITL’s contract is being updated to ensure that VITL’s projects drive contract deliverables that are aligned with the recommendations in the Act 73 Evaluation Report. (See the appendix to review the contract matrix that links recommendations from the report to drivers of success and associated contract deliverables.) These deliverables include consent rates, data quality, patient matching, access to data, and the security of the health data system.

The tasks in H.901 represent HIE milestones that would demonstrate competence in operating the program. DVHA specific milestones include submission of a Health Information Exchange plan to the Green Mountain Care Board by

November 1st. The plan, required annually, has been submitted only once in the past eight years, and it has not been approved since 2010. The State is committed to submission of the plan.

The State is focused on the following simple yet critical questions as it develops the plan:

1. What does the State want regarding health information exchange?
2. Can the State's vendors, including VITL, deliver what the State wants?
3. Are providers better off?
4. Are patients better off?

Considerable work has been done to achieve progress on health information exchange; however, DVHA places a premium on selecting realistic goals. Accordingly, the plan may focus on these first two questions, laying the foundation for future reports to address questions three and four.

DVHA/VITL Work Plan
2018-2019

Goal: Implement an effective HIE governance model					
Objective	Activity	Accountable Party & Stakeholders	Start Date	End Date	Status as of May 1, 2018
Establish an effective across-the-board Governance Committee	Establish the HIE Steering Committee administratively attached to and supported by the Department of Vermont Health Access	DVHA VITL OneCare Vermont Blue Cross Blue Shield of VT Blueprint for Health Vermont Care Network Department of Health Agency of Digital Services	November 2017	November 2017	Complete. DVHA established an HIE Steering Committee in November of 2018.
Create temporary and permanent subcommittees to support the Governance Committee's work	In the HIT Plan, define the HIE/HIT Governance Model, including ongoing and ad-hoc subcommittees.	HIE Steering Committee	May 2018	November 2018	In progress. The HIT Plan will be delivered to the GMCB by November 1, 2018.
	Establish Subcommittees to draft a data governance policy, oversee HIT plan updates, provide recommendations on the consent policy, and address other timely needs	HIE Steering Committee	November 2018	March 2019	In progress. The HIT Plan will contain a proposed governance model.

Goal: Develop and manage to a strong HIE strategic plan					
Objective	Activity	Accountable Party & Stakeholders	Start Date	End Date	Status as of May 1, 2018
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.	Establish a stakeholder engagement process for the HIT Plan development	HIE Steering Committee	May 2018	November 2018	In progress. The HIE Steering Committee intends to leverage existing provider and consumer advisory groups outside of the Steering Committee membership's expertise to obtain direct feedback on the HIE Plan. Future stakeholder engagement strategies will be included in the HIE Plan.
	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 project fund to help guide priorities.	HIE Steering Committee	June 2018	November 2018	In progress. The HIT Plan is currently in development and will be delivered to the GMCB no later than November 1, 2018.
	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)	HIE Steering Committee	June 2018	November 2018	See above.
	In the HIT Plan, include mechanisms that require ongoing review, evaluation, and continuous improvement of HIT/HIE initiatives and outreach/education plans.	HIE Steering Committee	June 2018	November 2018	See above.

Goal: Ensure the VHIE is well-governed and compliant with federal and state regulations

Objective	Activity	<u>Accountable Party & Stakeholders</u>	Start Date	End Date	Status as of May 1, 2018
Establish an Advisory Committee to Oversee VITL's Progress	Establish a workgroup to guide VITL's short-term transition and support planning.	<u>VITL Board Chair and select Board members</u> DVHA VITL Executives	December 2017	ongoing	<i>Ongoing.</i> This group has convened at least every other week since December via phone and in-person meetings. The group developed a work plan to guide work which is included in the Appendix.
	Develop and execute a short-term strategic plan for VITL to set the organization on a course toward addressing the recommendations outline in the evaluation report.	<u>VITL</u>	January 2018	January 2018	<i>Complete.</i> The short-term strategic plan is represented in the work plan noted above.
Appropriately staff the VHIE operator	Fill the vacant CEO position.	<u>VITL Board of Directors</u>	January 2018	February 2018	<i>Complete.</i> On February 16, 2018, Michael Smith agreed to accept VITL's CEO position.
	Assess VITL's organizational construct and fill vacancies, when deemed necessary.	<u>VITL</u>	January 2018	March 2018	<i>Complete.</i> Organizational were needs assessed and necessary hiring was completed.
Ensure that VITL is compliant with financial and operational regulations and standards as it operates the Vermont's HIE infrastructure	Enlist a third-party to conduct a performance and operational audit to determine effectiveness of internal financial controls, management policies, and practices.	<u>VITL</u>	April 2018	September 2018	<i>In progress.</i> An RFP for this work was released in March 2018. VITL will endeavor to select a vendor and place under contract ASAP, and no later than July 2018 for a September 2018 completion.
	Evaluate whether the contract relationship with VITL ensures that Federal Uniform Guidance §200.550 and Vermont's Agency of Administration Bulletin 5 are complied with.	<u>DVHA</u>	May 2018	June 2018	<i>Not started.</i>
	Establish an Audit Committee on the HIE Board of Directors to ensure compliance with findings from recent audits and guidance provided in the Act 78 Evaluation Report.	<u>VITL Board of Directors</u>	September 2018	September 2018	<i>Not started.</i>
Increase Transparency through Improved Public Reporting on the VHIE	Provide the HIE Steering Committee and the VT Legislature with an annual report to include the status of projects funded through the federal HITECH Act and the State's HIT Fund and financial reporting reflective of HIE best practice.	<u>VITL</u>	January (annual)	January (annual)	2018 - <i>Complete.</i> VITL provided an annual report to the Vermont Legislature in January of 2018. The report provided a more transparent view into VITL's finances.
	Review all VHIE policies on an annual basis, and publicly post all policies, Board meeting agendas, minutes, and handouts on its website, and ensure that the most current version of policies are posted. A report of this review shall be provided by VITL to the HIE Steering Committee.	<u>VITL</u>	January 2018	July 2018	<i>In progress.</i> VITL posts policies, and Board meeting agendas and minutes currently are on the VITL website.
	Publicly report to the GMCB on VITL core functions and budget.	<u>VITL</u>	May (annual)	May (annual)	<i>In progress.</i> On May 9, 2018, VITL will present their core functions and budget to the GMCB. They will join DVHA in presenting this work plan and providing an update on progress to date. VITL provided reporting documentation to the GMCB staff in late April.

Goal: Ensure that the VHIE operator is focused and delivers upon its core mission

Objective	Activity	<u>Accountable Party & Stakeholders</u>	Start Date	End Date	Status as of May 1, 2018
Use the State's contracts with VITL to transparently tie program goals to HIE financial investments	Extend VITL's SFY18 contracts with the state through the first half of SFY19 to allow time for the completion of the HIT Plan, which will further define the role of the VHIE and include goals that will tie directly to future contract deliverables.	<u>DVHA</u> VITL	July 2018	December 2018	<i>In progress.</i> The SFY18 contracts between DVHA and VITL are being amended to extend the contract period through December 2018, and to include deliverables that better demonstrate progress toward improving the VHIE's core functions. See the Contract Matrix in the Appendix for more detail.
	Enhance DVHA's contracts with VITL to include delivery-based payment conditions tied to improving core services, quantifying levels of improvement, and the execution of corrective action plans associated with financial, security and technology assessments.	<u>DVHA</u> VITL	January 2019	December 2019	<i>Not started.</i> Contracts will be developed to align with the HIT Plan and support continued progress on deliverables included in the SFY19 6-month extension period.
Develop a VHIE strategic plan that is reflective of customers' needs and the strategy outlined in the HIT Plan	Develop a VHIE strategic plan that defines the services VITL provides and includes a sustainability plan and technological approaches to meeting the goals outlined in the State's HIT Plan and addressing the technical issues identified in the Evaluation Report. Deliver the Plan to the GMCB and the HIE Steering Committee.	<u>VITL</u> DVHA Provider community OneCare Vermont Blue Cross Blue Shield of VT Blueprint for Health Vermont Care Network Department of Health Agency of Digital Services	April 2018	March 2019	<i>In progress.</i> Plan development – Spring - ongoing January – incorporate into annual report January – February- present to GMCB and HIE Steering Committee
Address the issues with VHIE core functions identified in the Act 75 Evaluation Report	Develop and implement mechanisms to increase the number of Vermonters who consent to have their data viewable in the VHIE. Goal - 55% by 12/31/18	<u>VITL</u> DVHA Provider Community VHIE Clients	January 2018	ongoing	See the Contract Matrix in the Appendix for more detail and contract period goals.
	For the patients who have already provided consent, expend resources to match the patients with their records. Goal - 40% reduction in duplicate records by 12/31/18	<u>VITL</u> DVHA	May 2018	ongoing	See the Contract Matrix in the Appendix for more detail and contract period goals.
	Implement easier ways to access and use the data in the VHIE that do not burden providers and facilitate healthcare reform measures. Goal: Enable provider access to VHIE data directly within a hospital EHR by 12/31/18	<u>VITL</u> DVHA	May 2018	ongoing	See the Contract Matrix in the Appendix for more detail and contract period goals.
	Improve the quality of the data in the VHIE by making sure that records are accurate and complete. Goal -Implement terminology services tools into production by 12/31/18	<u>VITL</u> DVHA	July 2018	ongoing	See the Contract Matrix in the Appendix for more detail and contract period goals.
	Inform the assessment of the VHIE technical structure by completing the State's Architectural Assessment.	<u>Agency of Digital Services</u> DVHA VITL	May 2018	September 2018	See the Contract Matrix in the Appendix for more detail and contract period goals.

Goal: Make VHIE operations accountable to all customers, including the state

Objective	Activity	<u>Accountable Party & Stakeholders</u>	Start Date	End Date	Status as of May 1, 2018
Create an HIE Board of Directors consisting of a mix of stakeholders including subject matter experts and users to serve Vermont's HIE needs	Develop new membership criteria for Board service focused on users or potential users of core services (providers) and on stakeholders in health care reform who utilize the VHIE for population health management. Suggested criteria will be provided to the State for review through the HIE Steering Committee.	<u>VITL Board of Directors</u>	May 2018	September 2018	<i>In progress.</i> Legislative change under consideration in H.901.
	Craft and execute a plan for recruiting new memberships and fully restructuring VITL Board.	<u>VITL Board of Directors</u>	September 2018	March 2019	<i>Not started.</i>
	Fill State's role on the VITL Board.	<u>AHS</u> VITL Board of Directors	December 2018	January 2019	<i>Not started.</i>

Goal: Demonstrate progress in implementing the recommendations from the Act 73 Evaluation Report and plan for contingencies

Objective	Activity	<u>Accountable Party & Stakeholders</u>	Start Date	End Date	Status as of May 1, 2018
Provide the General Assembly and the GMCB with reports on progress made in implementing the recommendations from the Act 73 Evaluation Report	Provide bi-monthly progress reports that demonstrate progress made in execution of this work plan and quantifiable progress made in meeting Vermont's HIE needs.	<u>DVHA & VITL</u>	April 2018	On or before May 1, July 1, September 1, and November 1, 2018 and January 1, 2019	<i>In progress.</i> The May 1 progress report was submitted in the form of a memo and this work plan.
Develop a Contingency Plan should DVHA and VITL prove unable to act on the recommendations from the evaluation report	Procure services from a third-party to develop a contingency plan to align with the details of H.901 including an assessment of data and property ownership interests.	<u>DVHA</u> VITL	April 2018	September 2018	<i>In progress.</i> In April, an RFP was posted and a vendor was selected. The contract with the third-party is currently under review by CMS, a pre-requisite to securing federal funding for this work. The contingency plan will be delivered to the General Assembly and the GMCB no later than September 1, 2018.
Execute a third-party analysis of progress	Enlist the support of HealthTech Solutions to conduct an evaluation of progress made in addressing the issues identified in the Act 73 Evaluation Report.	<u>HealthTech Solutions</u> DVHA (contract manager) VITL	May 2018	November 2018	<i>In progress.</i> HealthTech will deliver a report on their evaluation no later than October 15, 2018. DVHA and VITL will present all progress reports, the work plan, and other related details directly to HealthTech to support their work in evaluating progress made toward implementing the recommendations in their initial evaluation report.
Provide recommendations to inform future HIE and consent policy legislation and activity	Provide the legislative committees named in H.901 with recommendations on Vermont's consent policy and improving interoperability of electronic health record systems.	<u>DVHA</u> <u>VITL</u> Office of the Health Care Advocate	August 2018	January 2019	<i>Not started.</i>

Appendix A

STATE OF VERMONT/VITL WORKPLAN FOR IMPLEMENTATION OF HTS REPORT

Last Updated: March 29, 2018

The State's Health Tech Solutions (HTS) report required by the Legislature made recommendations regarding the Vermont Health Information Exchange (VHIE) and the State's relationship with VITL. The State and VITL leadership have worked together to outline a plan to stabilize VITL's current operations and successfully address the issues identified in the HTS report. This plan, developed collaboratively by VITL leadership and the Department of Vermont Health Access (DVHA), recognizes that VITL and the State of Vermont must tackle multiple, interconnecting tasks over time to address the HTS report recommendations in a manner that fulfills the mission of the VHIE hosted by VITL.

This document addresses immediate and longer-term planning and tasks responsive to the HTS report and VITL's executive leadership transition. It seeks to memorialize immediate steps undertaken by VITL and the tasks that the State, the VITL Board, the VITL staff, and other stakeholders must undertake over the remainder of 2018 and beyond. The following key components are addressed:

Over the first three months of 2018, VITL and the State worked to:

- Address immediate staffing needs at VITL to ensure stability of current operations.
- Establish a VITL/DVHA HIT Advisory workgroup to support short-term transition needs.
- Participate in the State's newly established HIE Steering Committee.
- Submit VITL's legislatively-mandated annual report.

Over the remainder of the year, VITL and the State will work to:

- Work with the HIE Steering Committee to further define the core capabilities of an HIE, as discussed in the evaluation report, and define a state-wide strategic direction for HIE in Vermont.
- Restructure the VITL Board to ensure that end users are guiding VITL operations and overseeing prudent management of projects and funds.
- Undertake an operational/management review to satisfy specific recommendations in the evaluation report and develop and execute corrective action plans, as needed.
- Support the development of contracts and agreements with DVHA for 2019 and beyond that focus VITL's work on its core mission and tie payments to deliverables.
- Improve public reporting on the VHIE.

VITL's successful completion of its tasks in partnership with the State, along with the adoption of a State HIE Plan, will be tied to the State's continued contract funding and use of VITL as the State's exclusive provider of HIE. All of these tasks are designed for VITL to be able to achieve the State's goals, which in turn will improve providers' ability to deliver better care to patients.

Below are additional details on how and when these key components will be executed.

3 Month Task (January – March)			
<i>Key Component: Address immediate staffing needs at VITL to ensure stability of current operations.</i>			
<i>Goal: Fill open positions and retain key staff</i>			
Activity	Stakeholder(s) Responsible	Timeline	Date Completed
Appoint Kristina Choquette, VP of Operations, as Interim CEO	VITL Board	January – March	1/1/18
Convert existing CTO position to Director of Technology and fill vacant position	VITL Executive Staff VITL Board (DVHA to be consulted)	January – February	2/13/18
Utilize Frank Harris, interim CTO, to onboard new Director of Technology	Frank Harris VITL Board	January – March	3/31/18
Undertake reasonable financial and non-financial approaches to retaining key staff during transition period	VITL Executive Staff VITL Board	January – March	2/13/18
Hire permanent CEO/executive leadership for VITL	VITL Board	January – February	2/16/18
<i>Key Component: Establish an HIT Advisory workgroup to support short-term transition needs.</i>			
Activity	Stakeholder(s) Responsible	Timeline	Date Completed
Establish a workgroup to guide short-term transition needs and planning	VITL Board Chair and select members DVHA Staff	December – March	12/1/17
Employ consultant to support volunteer board during transition period	VITL Board	December-June	1/1/18
Craft a short-term task plan for VITL agreed to by SOV to set the organization on a course toward addressing the recommendations outlined in the evaluation report.	VITL Exec Staff VITL Board	January-March, to reflect work for remainder of SFY18 & SFY19 (as needed)	1/30/18
<i>Key Component: Participate in the State's newly established HIE Steering Committee.</i>			
Activity	Stakeholder(s) Responsible	Timeline	Date Completed
Join the state's HIE Steering Committee which includes representatives from across the care continuum. The Steering Committee is responsible for providing HIE advice and guidance to AHS and supporting the development of a state-wide HIE strategic plan.	VITL	January	1/12/18
<i>Key Component: Submit VITL's legislatively mandated annual report.</i>			
Activity	Stakeholder(s) Responsible	Timeline	Date Completed
Highlighting the actions that will be taken in the year to come as a result of the evaluation, craft VITL's annual plan. Submit to the HIE Steering Committee for review prior to formal submission to the legislature.	VITL Executives VITL Board	Due: January 15, 2018	1/15/18

Appendix B
VITL Contract Matrix

HTS Recommendation	Drivers of Success	VITL Projects using Driver	Project Deliverables that Demonstrate Success	Due Date of Payment Deliverables	Deliverables Payment	Risks	Contract Amendment Reference
<p>A consent policy that supports the goal to have a significant percentage of Vermont patients' health data from multiple sources available to providers at the point of care.</p> <p>Efficient processes at healthcare organizations that support documenting Vermont patient consent</p> <p>EHRS that are capable of accurately and securely transmitting patient consent electronically to the VHE</p> <p>A mechanism in the VHE to receive, set, or update patient consent electronically from health care organizations</p>	<p>Electronic consent implementation. This project will establish the connection and ability for the VHE to receive patient consent electronically from providers. VITL will:</p> <ol style="list-style-type: none"> conduct provider education and outreach engage with providers and their EHR vendors to leverage the consent functionality recommend workflow improvements. 	<p>1) MPI remediation. This project will remedy the occurrence of duplicate records within the VHE. VITL will work with its vendor to develop technical tools and employ staff resources to analyze the patient records that are potential matches. A potential duplicate report ("Baseline Report"). VITL will work with Medicity to resolve the duplication of records in the VHE.</p> <p>2) Enterprise MPI evaluation. This project will evaluate the potential for a shared, enterprise MPI that supports patient matching between systems engaged in HIE, such as the VHE, VCR, and VDH. VITL will convene representatives from the programs to partner in evaluating MPI vendor solutions that support the matching across disparate systems.</p> <p>3) Revise the VHE Connectivity Criteria. This project will update the existing VHE Connectivity Criteria used to measure the ability for data contributors to send robust patient data. One such measurement includes data elements required to support robust patient matching and reduce the risk of duplicate patient records in the VHE.</p>	<p>Achieve a 35% consent rate (up from 15%)</p> <p>One Vermont hospital will transmit patient consent data directly from an EHR by Q2 of SFY19</p> <p>Monthly develop dashboards illustrating consent transmissions to the VHE.</p>	<p>As achieved during the period of the contract (July 1, 2018 through December 31, 2018)</p>	<p>\$15,000 incentive payment upon achievement of a 35% patient consent rate</p>	<p>Capability of EHR vendors to meet the technical specifications required to transmit patient consent within an ADT message.</p>	<p>Core Contract Amendment</p> <p>The subsection titled "Access & Use Goal #1 - Health Data Consent" in Section 3.2 of Attachment A deleted in its entirety and replaced</p>
<p>Work collaboratively with the state and other stakeholders to develop and implement mechanisms to increase the number of Vermonters who consent to have their data viewable in the VHE.</p>	<p>Accurate and robust patient identity data provided by all VHE data contributors</p> <p>Resources to identify and correct duplicates in the VHE.</p> <p>Data governance policies that enable trust and accuracy in matching patients across disparate systems involved in HIE.</p> <p>An MPI solution that meets stakeholder needs to match patients across disparate systems</p>	<p>1) Query-based or SSO exchange. This project will enable providers to access patient data and documents from within their EHR. The exchange of data utilizing the cross-community patient discovery (XCPD) and cross-community access (XCA) protocols or Single Sign-on technologies.</p> <p>2) VITLAccess Remediation and Implementation. VITL will perform outreach to client user organizations to educate users regarding the improvements in the application and recognize the benefits of HIE. VITL will work with users to optimize workflows in the appropriate clinical setting. Partnering with health reform programs, VITL will engage with priority organizations who may benefit from data available on their patients in the VHE.</p> <p>3) Upgrade the Medicity architecture for parsed CCDs in VITLAccess. VITL will be updating the VHE architecture based on the client release schedule for the functionality that provides parsed data from a CCD into the Medicity CDR so that providers can more conveniently access the data in a single unified context.</p>	<p>1) Implement query based exchange or SSO functionality for one hospital by end of Q2 of SFY19</p> <p>2) A prioritized list describing the features and functionality that the user community would like to have available within the provider portal (VITLAccess). This list will be used in strategy sessions with the VHE vendor for planning of software enhancements and delivery.</p> <p>3) Implementation of the HIE vendor parse upgrade (current version 9) that merges and groups similar data elements from all message types from all providers and presents it in a single unified context. Reporting tools are TBD.</p>	<p>1) As achieved. Will be included in the Maintenance and Operations quarterly report. Baseline and target will be established. Report will reflect demonstration of progress toward the goal.</p> <p>2a) As achieved, no later than 7/31/18</p> <p>2b) As achieved, no later than 12/1/18</p> <p>3a) 10/1/18 and 11/1/18, respectively</p> <p>3b) 12/1/18</p>	<p>1) MPI Remediation = \$30,000 as an incentive payment when achieved.</p> <p>2a) MPI Plan = \$2,000</p> <p>2b) MPI evaluation report = \$6,600</p> <p>3a) \$15,000</p> <p>3b) \$5,000</p>	<p>1) Medicity and VITL subject matter expertise availability</p> <p>2) Risk will be defined during discovery. Known risks at this time include:</p> <ol style="list-style-type: none"> Lack of current healthcare industry standards for data elements required for identity matching Lack of standard definitions of MPI data elements (data dictionary). <p>Standards for capturing and recording patient demographic data (naming conventions), and performance standards that hold all data contributors accountable</p> <p>Funding to implement an enterprise MPI</p> <p>Health care organization data governance and EHR vendor capabilities</p>	<p>Core Contract Amendment</p> <p>1) To be reported in Section 3.1.1.1 MPI Service Level Agreement reports. Incentive based upon achievement of a 40% increase reduction in duplicate patient records reported on July 1, 2018.</p> <p>2) 3.1.1.5 Provide the State with an MPI tool assessment plan. Upon approval of the assessment plan and no later than December 1, 2018, provide the State with a report detailing the findings from the Contractor's assessment of shared MPI tools.</p> <p>3) 3.3.3 Update Goal #3 related to enhancement of the VHE Connectivity Criteria and establish a certification process for evaluating data contributors in support of improved connectivity, data quality and security.</p>
<p>For the patients who have already provided consent, expend resources to match the patients with their records.</p>	<p>Accurate and robust patient identity data provided by all VHE data contributors</p> <p>Resources to identify and correct duplicates in the VHE.</p> <p>Data governance policies that enable trust and accuracy in matching patients across disparate systems involved in HIE.</p> <p>An MPI solution that meets stakeholder needs to match patients across disparate systems</p>	<p>1) Query-based or SSO exchange. This project will enable providers to access patient data and documents from within their EHR. The exchange of data utilizing the cross-community patient discovery (XCPD) and cross-community access (XCA) protocols or Single Sign-on technologies.</p> <p>2) VITLAccess Remediation and Implementation. VITL will perform outreach to client user organizations to educate users regarding the improvements in the application and recognize the benefits of HIE. VITL will work with users to optimize workflows in the appropriate clinical setting. Partnering with health reform programs, VITL will engage with priority organizations who may benefit from data available on their patients in the VHE.</p> <p>3) Upgrade the Medicity architecture for parsed CCDs in VITLAccess. VITL will be updating the VHE architecture based on the client release schedule for the functionality that provides parsed data from a CCD into the Medicity CDR so that providers can more conveniently access the data in a single unified context.</p>	<p>1) Implement query based exchange or SSO functionality for one hospital by end of Q2 of SFY19</p> <p>2) A prioritized list describing the features and functionality that the user community would like to have available within the provider portal (VITLAccess). This list will be used in strategy sessions with the VHE vendor for planning of software enhancements and delivery.</p> <p>3) Implementation of the HIE vendor parse upgrade (current version 9) that merges and groups similar data elements from all message types from all providers and presents it in a single unified context. Reporting tools are TBD.</p>	<p>1) As achieved, no later than 7/31/18</p> <p>2a) As achieved, no later than 12/1/18</p> <p>2b) As achieved, no later than 12/1/18</p> <p>3a) 10/1/18 and 11/1/18, respectively</p> <p>3b) 12/1/18</p>	<p>1) MPI Remediation = \$30,000 as an incentive payment when achieved.</p> <p>2a) MPI Plan = \$2,000</p> <p>2b) MPI evaluation report = \$6,600</p> <p>3a) \$15,000</p> <p>3b) \$5,000</p>	<p>1) Medicity and VITL subject matter expertise availability</p> <p>2) Risk will be defined during discovery. Known risks at this time include:</p> <ol style="list-style-type: none"> Lack of current healthcare industry standards for data elements required for identity matching Lack of standard definitions of MPI data elements (data dictionary). <p>Standards for capturing and recording patient demographic data (naming conventions), and performance standards that hold all data contributors accountable</p> <p>Funding to implement an enterprise MPI</p> <p>Health care organization data governance and EHR vendor capabilities</p>	<p>Core Contract Amendment</p> <p>1) To be reported in Section 3.1.1.1 MPI Service Level Agreement reports. Incentive based upon achievement of a 40% increase reduction in duplicate patient records reported on July 1, 2018.</p> <p>2) 3.1.1.5 Provide the State with an MPI tool assessment plan. Upon approval of the assessment plan and no later than December 1, 2018, provide the State with a report detailing the findings from the Contractor's assessment of shared MPI tools.</p> <p>3) 3.3.3 Update Goal #3 related to enhancement of the VHE Connectivity Criteria and establish a certification process for evaluating data contributors in support of improved connectivity, data quality and security.</p>
<p>Implement easier ways to access and use the data in the VHE that do not burden providers and facilitate healthcare reform measures</p>	<p>Accurate and robust patient identity data provided by all VHE data contributors</p> <p>Resources to identify and correct duplicates in the VHE.</p> <p>Data governance policies that enable trust and accuracy in matching patients across disparate systems involved in HIE.</p> <p>An MPI solution that meets stakeholder needs to match patients across disparate systems</p>	<p>1) Query-based or SSO exchange. This project will enable providers to access patient data and documents from within their EHR. The exchange of data utilizing the cross-community patient discovery (XCPD) and cross-community access (XCA) protocols or Single Sign-on technologies.</p> <p>2) VITLAccess Remediation and Implementation. VITL will perform outreach to client user organizations to educate users regarding the improvements in the application and recognize the benefits of HIE. VITL will work with users to optimize workflows in the appropriate clinical setting. Partnering with health reform programs, VITL will engage with priority organizations who may benefit from data available on their patients in the VHE.</p> <p>3) Upgrade the Medicity architecture for parsed CCDs in VITLAccess. VITL will be updating the VHE architecture based on the client release schedule for the functionality that provides parsed data from a CCD into the Medicity CDR so that providers can more conveniently access the data in a single unified context.</p>	<p>1) Implement query based exchange or SSO functionality for one hospital by end of Q2 of SFY19</p> <p>2) A prioritized list describing the features and functionality that the user community would like to have available within the provider portal (VITLAccess). This list will be used in strategy sessions with the VHE vendor for planning of software enhancements and delivery.</p> <p>3) Implementation of the HIE vendor parse upgrade (current version 9) that merges and groups similar data elements from all message types from all providers and presents it in a single unified context. Reporting tools are TBD.</p>	<p>1) As achieved, no later than 7/31/18</p> <p>2a) As achieved, no later than 12/1/18</p> <p>2b) As achieved, no later than 12/1/18</p> <p>3a) 10/1/18 and 11/1/18, respectively</p> <p>3b) 12/1/18</p>	<p>1) MPI Remediation = \$30,000 as an incentive payment when achieved.</p> <p>2a) MPI Plan = \$2,000</p> <p>2b) MPI evaluation report = \$6,600</p> <p>3a) \$15,000</p> <p>3b) \$5,000</p>	<p>1) Medicity and VITL subject matter expertise availability</p> <p>2) Risk will be defined during discovery. Known risks at this time include:</p> <ol style="list-style-type: none"> Lack of current healthcare industry standards for data elements required for identity matching Lack of standard definitions of MPI data elements (data dictionary). <p>Standards for capturing and recording patient demographic data (naming conventions), and performance standards that hold all data contributors accountable</p> <p>Funding to implement an enterprise MPI</p> <p>Health care organization data governance and EHR vendor capabilities</p>	<p>Core Contract Amendment</p> <p>1) To be reported in Section 3.1.1.1 MPI Service Level Agreement reports. Incentive based upon achievement of a 40% increase reduction in duplicate patient records reported on July 1, 2018.</p> <p>2) 3.1.1.5 Provide the State with an MPI tool assessment plan. Upon approval of the assessment plan and no later than December 1, 2018, provide the State with a report detailing the findings from the Contractor's assessment of shared MPI tools.</p> <p>3) 3.3.3 Update Goal #3 related to enhancement of the VHE Connectivity Criteria and establish a certification process for evaluating data contributors in support of improved connectivity, data quality and security.</p>
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HTS Recommendation	Drivers of Success	VTL Projects using Driver	Project Deliverables that Demonstrate Success	Due Date of Payment Deliverables	Deliverables Payment	Risks	Contract Amendment Reference
<p>Improve the quality of the data in the VHE by making sure that records are accurate and complete.</p>	<p>State HIT and VTL Strategic Plans that establish priorities to connect more patient data sources and ensure the VHE contains high quality data</p> <p>VHE Connectivity Criteria that establishes standards to connect with the VHE and contribute data for point of care use and health measurement reporting.</p> <p>VHE Connectivity Criteria voluntary certification process that supports data contributors in self-scoring against the criteria.</p> <p>Technology that uncovers and standardizes poorly structured data into high quality patient data for delivery to systems involved in health measurement reporting</p> <p>Clinically-trained VHE technical staff to partner with stakeholders and clients to ensure accuracy and usability of data.</p>	<p>Embed terminology services into the VHE for CCD processing. This project pertains to the use of a terminology services tool, "Health Language", which was purchased through the Vermont Health Care Innovation project, to improve the quality of data used for health system analysis. This project will implement terminology services into CCD processing in the VHE to improve the quality of data within the messages for health measurement reporting. VTL will:</p> <p>a) outline a plan to execute the use of terminology services into CCD production data processing</p> <p>b) partner with a health care organization to evaluate the CCD and identify the areas in which terminology services can be applied. VTL will enrich the CCD with the additional code sets. A baseline report and a final report will be produced to measure the percentage of improvement.</p>	<p>a) Deliver a terminology services VHE production environment execution plan and what impact on data quality will be measured.</p> <p>b) By Q2 of SFY19, implement the health language tool and assess its impact the quality of VHE data. This assessment can inform future data quality work.</p>	<p>a) August 1</p> <p>b) By Q2 of SFY19</p>	<p>a) \$25,000</p> <p>b) \$75,000</p>	<p>VTL and client subject matter resource availability</p>	<p>Core Contract Amendment</p> <p>a) 3.6.1 Contractor shall deliver a terminology services execution plan.</p> <p>b) 3.6.2 The Contractor shall effectuate the execution plan with a minimum of one health care organization and provide the state with a report detailing the impact on the quality of data supplied to the organization for analysis</p>
<p>Require VTL to submit a corrective action plan to address the findings on VHE's security controls, including a description of how findings will be corrected with a detailed implementation plan and timeline.</p> <p>Through Plan of Action & Milestone (POA&M) Management, centralize findings and defects and then track the remediation effort into dates, milestones, and cost.</p>	<p>Baseline understanding of the VHE architecture and services</p> <p>Commonality between State-funded systems</p> <p>Align State-funded technical solutions with Vermont's HIT strategy</p> <p>The State HIT Plan</p> <p>Cost reduction opportunities: development, maintenance, staffing</p> <p>Risk management opportunities: data governance, data transfer, data validation, data security</p> <p>Service improvement opportunities: simplified documentation and data flows, speed to market and service delivery, breadth of products and services</p>	<p>VTL will ensure effective security measures and procedures are in place to protect the information within the VHE and its supporting infrastructure through detailed reporting on incidents, incident notifications, restoration, and related security provisions.</p> <p>Development of a prioritized, risk-based approach to security through implementation of a cybersecurity framework (CSF) assessment will be performed. VTL will provide best practice, secure infrastructure for the VHE and its supporting infrastructure through continuous process and procedural improvement towards NIST Moderate level compliance. The National Institute of Standards and Technology (NIST) "Security and Privacy Controls for Federal Information Systems and Organizations." That standard describes a Plan of Action and Milestones (POA&M) to be used as a project plan for meeting compliance.</p>	<p>Monthly review of the Plan of Action and Milestones progress with the Agency of Digital Services will be conducted. Reports to ADS will be in compliance with the reporting cadence detailed in the NIST/IRS Reporting Requirements table. VTL will:</p> <p>1) Implement governance for risk acceptance to ensure the proper compensating control has been implemented.</p> <p>2) ensure that test environments mirror production environments in patching, security controls, and security assessments and test environment data is scrubbed after each use.</p> <p>3) obtain or perform Security Risk Assessments annually for VTL's third parties that transmit, process, or store data on behalf of the State.</p>	<p>monthly</p>	<p>\$20,025 per month</p>	<p>None at this time.</p>	<p>Core Contract Amendment</p> <p>The subsection titled "Operations & Security Goal #2 – Security of the VHE" in Section 3.1 of Attachment A deleted in its entirety and replaced to demonstrate partnership with ADS on the POAM</p>
<p>Inform the assessment of the VHE technical structure by completing the State's Architectural Assessment</p>	<p>Cost reduction opportunities: development, maintenance, staffing</p> <p>Risk management opportunities: data governance, data transfer, data validation, data security</p> <p>Service improvement opportunities: simplified documentation and data flows, speed to market and service delivery, breadth of products and services</p>	<p>Completion of the Technical Assessment. Re-engagement with ADS when the assessment begins.</p>	<p>Responses to questions for the Technical Assessment engagement completed</p>	<p>As needed</p>	<p>Task Order payment per hour</p>	<p>Staff availability depending upon scope</p>	<p>Core Contract Amendment - Task Order</p>
<p>Simplify the architecture of the VHE.</p>	<p>Cost reduction opportunities: development, maintenance, staffing</p> <p>Risk management opportunities: data governance, data transfer, data validation, data security</p> <p>Service improvement opportunities: simplified documentation and data flows, speed to market and service delivery, breadth of products and services</p>	<p>Medicity unified platform evaluation. VTL will conduct an evaluation to simplify the architecture of the VHE by moving to a unified Medicity platform. VTL will assess the feasibility of the Medicity Explore product in meeting or exceeding the functionality of the VTL, HDM, the timeline and cost as well as risks and benefits. This may be incorporated into the VTL Strategy once the opportunities and cost efficiencies of moving to a unified Medicity platform vs. VTL's existing modular, yet complementary, technology stack is known.</p>	<p>TBD - not in the contract. Will be incorporated into VTL's strategic plan by January 2019.</p>	<p>N/A</p>	<p>\$0</p>	<p>N/A</p>	<p>N/A</p>