

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

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# Overview: Discussion Topics

- H.901 – A Framework for Enacting the Recommendations from the Act 73 Evaluation Report
- Review of Progress Since the Release of the Evaluation Report
- Presentation of the DVHA and VITL Work Plan
- Status Update: HIE Contingency Plan

# Background

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

The report, developed by HealthTech Solutions, provides recommended actions that the State and VITL can take to address the identified issues and achieve Vermont's health information exchange goals.

# H.901 As Passed by Senate Health and Welfare

- A **Work Plan** with timelines and objectives to assist the General Assembly in evaluating the success or failure of DVHA and VITL's work. *To be delivered: By May 1, 2018*
- Written **Progress Updates** from DVHA and VITL to the General Assembly and the GMCB on implementing the recommendations from the Act 73 evaluation report. *To be delivered: By May 1, July 1, September 1, November 1, 2018, January 1, 2019*
- A **Contingency Plan** triggered if DVHA and VITL are unable to implement the recommendations from report. *To be delivered: By September 1, 2018*
- A **Third-Party Evaluation** of DVHA's and VITL's progress toward implementing the recommendations from the report. *To be delivered: By October 15, 2018*
- Submission of the **Health Information Technology Plan** to the GMCB *by November 1*
- A recommendation on Vermont's consent policy *To be delivered: By January 15, 2019*
- A recommendation on how to improve the utility and interoperability of EHRs and HIE *To be delivered: By January 15, 2019*

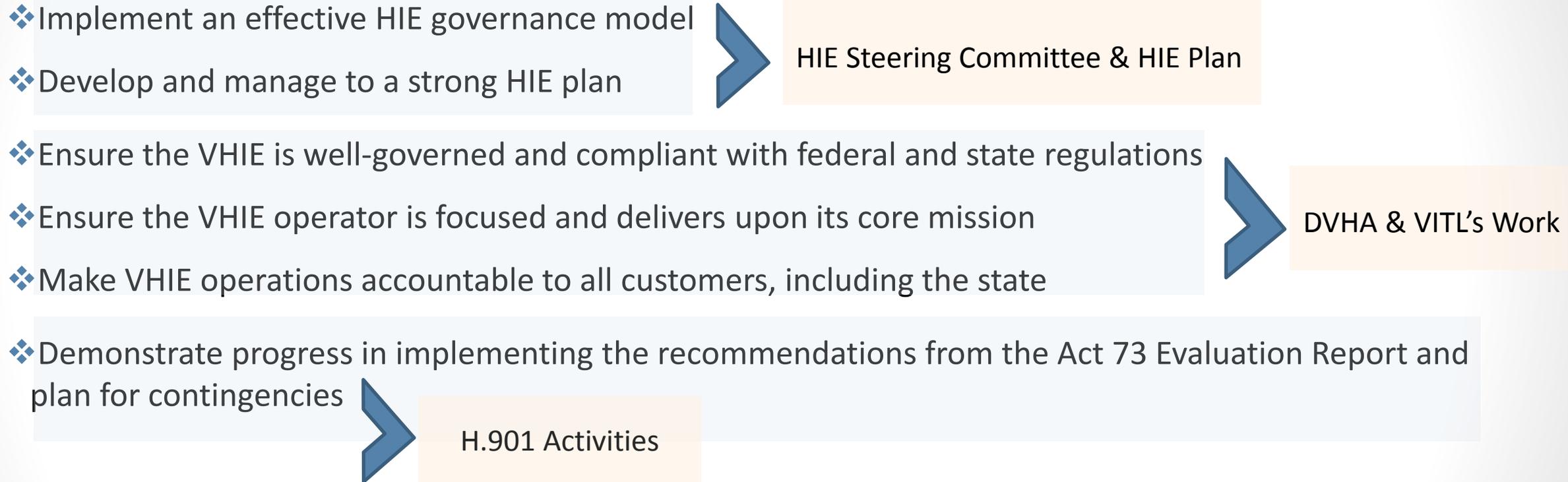
# Progress: November 2017 – May 2018

- Addressed Lack of Governance & Strategic Plan
  - Convened the HIT Advisory Group to support VITL in addressing short-term transition needs
    - DVHA, VITL Executives and VITL Board Chair and select members
  - HIE Steering Committee Established November 2017
    - Focus: Developing a consensus-driven, achievable HIE Plan for the State
- Worked to Stabilize VITL's Core Functions
  - Moved VITL from a grant to a deliverables-based contract agreement in 2017
  - Amended VITL's contract for SFY19 (Q1 & Q2) to further refine deliverables and provide financial incentives -
    - Improve consent rates for exchanging data via the VHIE
    - Reduce duplicate patient records
    - Enhance formality and coordination of security monitoring
    - Pilot data quality tool
    - Provide more direct access to data for one hospital
    - Increase use of existing provider portal

# DVHA/VITL Work Plan – Structure

- DVHA and VITL worked together to develop the Work Plan
- The HIE Steering Committee and the VITL Board have reviewed the Plan
- Work Plan Structure:
  - Direct goals with linked objectives
  - Activities intended to drive achievement of goals
  - Assigned accountability and timing

# Work Plan Elements



## ***Ensure the VHIE is well-governed and compliant with federal and state regulations***

- Establish the HIT Advisory Group to support short-term needs (DVHA & VITL)
- Appropriately staff the VHIE operator (VITL)
- Ensure compliance with operational and financial regulations and standards
  - Procure a third-party to conduct a performance and operational audit of VITL (VITL in consultation with DVHA)
  - Evaluate contracts for compliance with state and federal regulations (DVHA)
  - Establish an audit committee on the VITL Board of Directors (VITL)
- Improve VHIE public reporting to increase transparency (VITL)

## *Ensure the VHIE operator is focused and delivers upon its core mission*

- Extend VITL's contracts with DVHA for 6-months to allow for the completion of the HIE plan (DVHA)
- Develop a VHIE Strategic Plan (VITL in consultation with stakeholders)
- Address issues with the HIE core functions identified in the Evaluation Report (VITL)
  - Contracts enhanced to further focus on VHIE core functions and incentivize achievement of goals
  - Contract Matrix (Appendix B) outlines recommendations, drivers for achieving success in each area, and related contract terms

## ***Make VHIIE operations accountable to all customers, including the state***

- Develop new membership criteria for the VITL Board of Directors (VITL)
- Craft and execute Board recruitment plan (VITL)
- Fill the State's role on the VITL Board (State)

# Status Update: Contingency Plan

- In mid-March, DVHA released an RFP to find a vendor to develop a contingency plan to be used if DVHA and VITL are unable to implement the recommendations from the Act 73 Evaluation Report.
- In mid-April, DVHA selected Capitol Health Associates, an organization familiar with Vermont's HIE space and proven in supporting organizational transitions.
- Capitol Health will begin work in mid-May and deliver a contingency plan for the General Assembly and the GMCB by September 1, 2018.

# Contingency Plan Requirements

- A description of the health information exchange services that would need to be replaced;
- A process for determining the manner in which the services would be replaced and the mechanism for acquiring the replacement services, such as a request for proposals;
- An assessment of the State's ownership interests in hardware systems, software systems, applications, data, and other physical and intellectual property that would need to be licensed to a future operator of Vermont's health information exchange;
- A plan for transitioning operations from VITL to the new operator or operators; and
- The impacts of the change on health care providers, health care consumers, State government, and Vermont's health care reform initiatives.

# Risks

- If the legislature resolves to not pass H.901 the HIT Fund will not be extended
  - Work requires CMS approval - the process is well under-way
- Capacity: significant work is required in a compressed timeframe
- The HIE Steering Committee is a newly formed body, though demonstrating considerable progress
- Internal benefits (vendor and State) vs. external benefits (providers and patients)

Questions?