

Vermont's Health Information Exchange Plan

Presentation to the Green Mountain Care Board

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2018 – 2019 HIE Plan: The Bottom Line Up Front

Focusing on Execution Today to be Ready for Innovation Tomorrow



2017 Steering Committee – the People Behind the Plan

Name	Role	Reason for Selection	Voting
Andrew Laing	Technologist	Information systems SME; ADS Representative (Chief Data Officer)	Voting
Craig Jones	National & State HIE Perspective	National thinker on HIT/HIE with VT delivery system experience.	Voting
Kelly Lange	Insurance Lead	Investments should be aligned across payers.	Voting
Leah Fullem/Tyler Gauthier	ACO Lead	Vermont's health care reform goals rely heavily on ACOs	Voting
Michael Costa	Chair	Agency designated program sponsor for HIE/HIT	Voting
Simone Rueschemeyer	Community Provider Lead	Representative of mental health, developmental disabilities and substance use services and associated data exchange.	Voting
Tracy Dolan	Public Health Lead	Public Health data exchange is essential to successful HIE, and it is a focus of federal incentive programs	Voting
Beth Tanzman	Practice Innovation Lead	Blueprint for Health is considered a key stakeholder in practice level health care reform.	Non-Voting
Emily Richards	HIE Program Lead	DVHA's HIE Program Director overseeing HIE contracts, federal plans and funding requests, and the HIE Team.	Non-Voting
Kristina Choquette	VITL Lead	VHIE Representative	Non-Voting

Stakeholder Groups Offered Invaluable Feedback

- Bi-State Primary Care Association
- Vermont Medical Society
- GMCB Primary Care Advisory Group
- Medicaid and Exchange Advisory Group
- VITL Board
- AHS Leadership
- VDH Staff Involved in HIE Efforts
- GMCB Representatives and Staff

The Steering Committee Created Norms for Committee Work While Examining Vermont's HIE Needs

Creating Norms

- Demystify health information exchange by clearly articulating where we've been, the current state, and where we're going
- Target the needs of the people using the health system (not solely the technology)
- Emphasize the interdependent component parts required to achieve success – Technology, Financing, Policy/Process and Governance
- Focus on achievable progress in clear alignment with desired outcomes

HIE Needs

- Created an initial library of use cases setting forth specific HIE needs
- Focused on delivering a credible and timely HIE plan
- Focused on foundational elements of HIE, particularly effective governance and specific future work

Key Terms

- **Health information** – administrative and clinical information created during care delivery supporting coordination of care, reimbursement, public health and quality reporting, analytics, and the policy and governance surrounding management of the health care system.
- **Health information exchange (HIE) *verb*** – the action of sharing health information among facilities, organizations, and government agencies according to national standards. HIE is often used as shorthand for programs, tools, and investments that help aggregate and exchange health information.
- **Health Information Exchange (HIE) *noun*** –an organization that collects health information electronically, manages it, and makes it available across the healthcare system. There is at least one HIE in almost every state in the nation, and HIEs offer a variety of services. In Vermont there is one HIE, referred to as the VHIE, which is operated VITL.

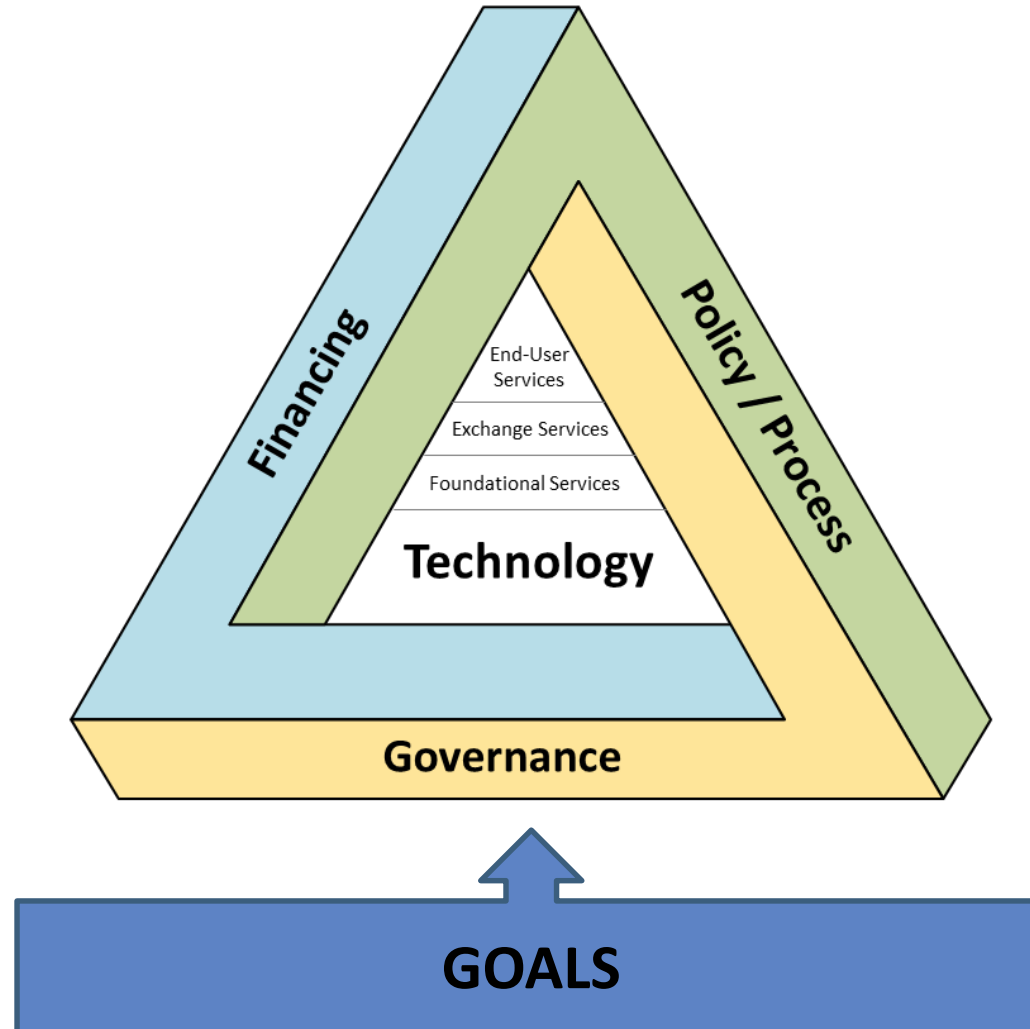
The HIE Plan Focuses on the Basic, Essential Elements

- A History of HIE in Vermont
- Establishing a Framework for Success
 - The HIE Ecosystem
 - Three Tiers of HIE Technology
- Governing HIE in Vermont
- HIE Sustainability
- Objectives & 2018-2019 Tactical Plan
- Future HIE Planning Considerations

A History of HIE

- This section is included to provide context for the HIE Plan itself
- Statewide history from 2013 to present illustrates:
 - Commitment to HIE at both the federal and state levels with an initial focus on adoption of EHRs
 - Various policies and incentives used to achieve broad-reaching HIE goals
 - The important relationship between governance, financing, policy and technical development

The HIE Ecosystem is a Focal Point – *the environment required for HIE to effectively function*



Goals

1. Create One Health Record for Every Person

- Support optimal care delivery and coordination by ensuring access to complete and accurate health records
- Reduce provider burden by aggregating essential data in one, useful location
- Provide patient's with a comprehensive understanding of their health and care



Goals

2. *Improve Health Care Operations*

- Enrich health care practices with data collection and analysis to support quality improvement and reporting
- Align data aggregation and data quality efforts to support real needs
- Reduce burden associated with reporting
- Allow providers to analyze their own data and put information into action



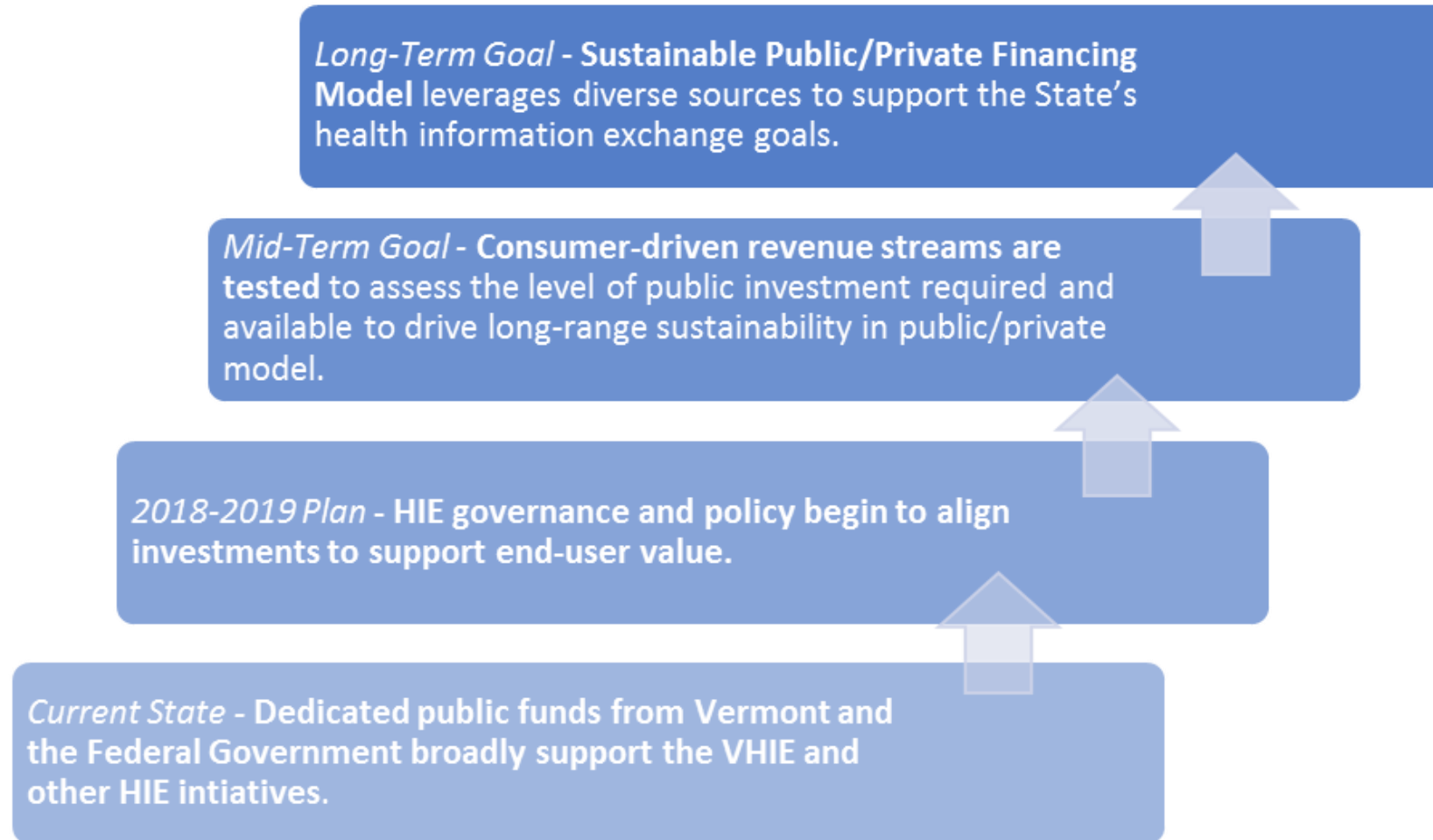
Goals

3. *Use Data to Enable Investment and Policy Decisions*

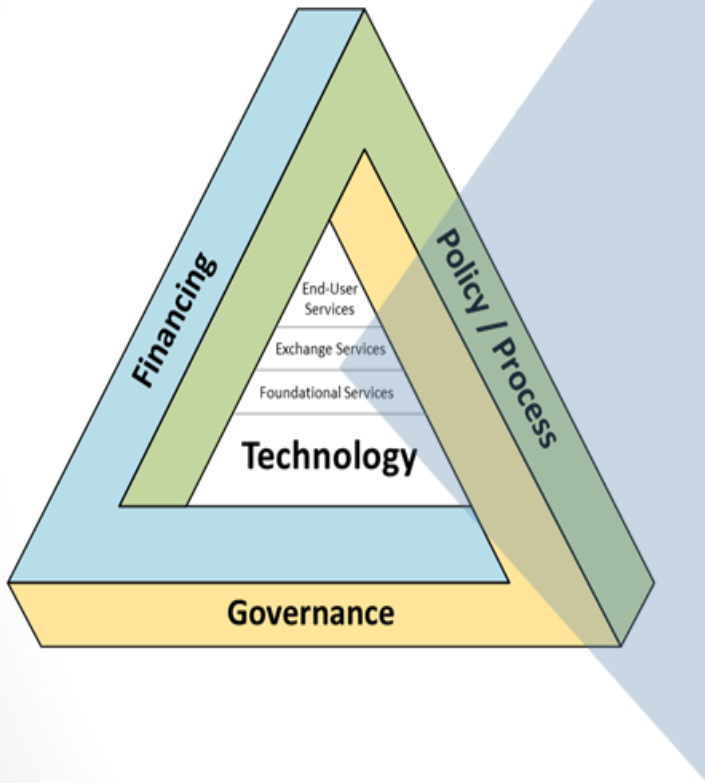
- Bolster the health system's ability to learn and improve by using accurate, comprehensive data to guide investment of time, labor and capital, and inform policy making and program development
- Put data in the hands of program's serving population-wide needs
- Enable data-informed decision making



The HIE Ecosystem: A Look at Maturity



HIE Technology: Building Blocks of Success



End-User Services	
Reporting Services	Notification Services
Analytics Services	Consumer Tools
Care Coordination Tools	Patient Attribution & Dashboards

Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance

Foundational Services	
Identity Management	Consent Policy & Management
Security	Provider Directories

Foundational: Consent Policy and Management

Vision: The health system is supported by consent policies and technologies that allow for **simple management of consent preferences to enable transfer of data supporting a person when and where they need care.** Consent management is not seen as burdensome, and associated policies and processes are reflective of federal and state law.

The HIE Plan Features a Tactical Plan to Make Progress towards our Goals in 2019

- The specific focus for 2018 and 2019 is:
 - Establishing the permanent governance model for the HIE
 - Incremental progress in:
 - Consent management
 - Data quality
 - Identity management
 - Initiating long term, sustainable financial planning
 - Overseeing the 2018-2019 plan and developing a 2020 plan, including a technical roadmap
- Tasks touch on all parts of the HIE Ecosystem and are delineated as foundational, exchange and end-user services

End-User Services		
Reporting Services		Notification Services
Analytics Services		Consumer Tools
Care Coordination Tools		Patient Attribution & Dashboards
Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance
Foundational Services		
Identity Management		Consent Policy & Management
Security		Provider Directories

Foundational Components, 2018-2019

Accountable Party	Area of Focus	Activity
HIE Steering Committee	HIE Governance	<ul style="list-style-type: none"> <input type="checkbox"/> Establish an HIE Steering Committee <input type="checkbox"/> Annually, engage stakeholders in the development of a Strategic Plan for the GMCB's review/approval by November 1 <input type="checkbox"/> Develop an HIE technical road map and sustainability model to be included in the HIE Plan and built upon every year thereafter <input type="checkbox"/> Create an evaluation method for overseeing and measuring progress in implementation of HIE strategic plans and the effectiveness of the HIE Governance Model <input type="checkbox"/> Evaluate statewide data governance efforts and design a data governance model appropriate for the State's HIE Steering Committee <input type="checkbox"/> Work with stakeholders to assess potential changes in the State's Consent policy and support the production of a Consent Report per Act 187 of 2018

The HIE Plan Proposes an HIE Governance Model the State Intends to Implement

- The HIE Governance Model is focused on:
 - Serving the needs of HIE users by advancing HIE use cases;
 - Strengthening the relationship between authority and accountability; and
 - Engaging a broad range of stakeholders in strategic planning and oversight activities

Excerpt from the Executive Summary of the 2017 Evaluation Report

“Vermont is not organized in a way that increases its chances for success. Currently, no group or organization is solely responsible for the execution of HIE activities in the state, and there is no statewide strategic plan guiding time constrained HIE investments...Better governance and planning is attainable - other states have successfully developed governance and oversight models, which Vermont could replicate.”

Clear Roles and Goals are the Key to Vermont's HIE Governance Model

Where do stakeholders convene to discuss HIE matters, set priorities and propose policy?

HIE Steering Committee

The HIE Steering Committee develops, executes and evaluates the HIE Plan and monitors HIE performance with operational and administrative support from DVHA's HIE Unit.

Where do decision makers go for support?

Stakeholder Advisory Groups

The HIE Steering Committee actively leverages insights and expertise from existing stakeholder advisory groups and creates ad-hoc committees when needed.

Who is responsible for oversight?

Green Mountain Care Board

The GMCB approves the statewide HIE Plan and VITL's budget.

Who provides HIE services?

VHIE & Other HIE Service Organizations

The VHIE and other HIE service vendors such as Bi-State Primary Care Association and OneCare Vermont.

How are service providers held accountable?

Performance-Based Contracts

The Steering Committee sets strategy to drive investment and works with DVHA and other contract owners to ensure contracts drive performance goals.

The HIE Steering Committee Membership is Expected to Grow

- Committee roles are based on needs and challenges presented in the use cases.
- The main, permanent body will consist of representatives from the following:
 - Vermont's Agency of Human Services (Chair)
 - Vermont's Department of Health
 - A Payer (insurance carrier)
 - A Minimum of 3 Provider Representatives (in service of patients) of:
 - Primary Care
 - Mental Health
 - Substance Use Disorders
 - Long-Term Services and Supports
 - Hospital Care
 - A Person who Engages with the Health Care System
 - An Accountable Care Organization
 - The Blueprint for Health Program
- *Non-voting members will include, but not be limited to, representatives from:*
 - The Green Mountain Care Board
 - The Agency of Digital Services
 - The Department of Vermont Health Access' Health Information Exchange Unit
 - VITL

The Steering Committee will have Clear Responsibilities

- Support development, execution and oversight of Vermont's HIE Plan.
- Continue to grow and evolve the HIE Steering Committee to best meet the State's needs.
- Support DVHA and other stakeholders in focusing HIE investments to align with state-wide HIE goals.
- Support development of processes and policies that enable achievement of state-wide HIE goals.
- Engage stakeholders in the Steering Committee's work.

Sustainability

- Beginning in 2019, the HIE Steering Committee will be responsible for defining an HIE investment portfolio and monitoring statewide investments in service of achieving the goals laid out in this strategic plan
- The Committee will develop the financing model through the lens of the following questions:
 - *Will the State continue to invest in HIE?*
 - *If yes, what criteria will be used to evaluate the viability of current and future investments?*
 - *Based on statewide needs, what is the total level of investment required in the future?*
 - *Considering the nature of future investment, what is the appropriate balance of public and private funds?*
 - *How will investments capitalize on foundational services and opportunities for reuse?*

Sustainability

- Planning Considerations

- Federal HITECH funds for HIE development will expire in 2021
- Available federal funds will likely be Medicaid Enterprise System focused
- The HIT Fund expires annually, requiring legislative intervention
- Consumers do not have a financial relationship with the publicly funded VHIE

Excerpt from the Challenges of Sustainability section of the 2017 Evaluation Report

“Based upon the interviews for this assessment, HIEs that receive a significant portion of their funding from subscription or usage fees self-identified as having close relationships with their stakeholder/customers to understand their needs. Likewise, they indicated that when providers “have skin in the game” by paying a fee to the HIEs, this closer collaboration results in lower use of public funds and the development of use cases directed at solving the specific needs of paying customers.”

Key Future Questions

- Can the HIE program and HIE operator demonstrate value in the health care system?
- Can the HIE program and the expanded HIE Steering Committee use the HIE plan as a management tool? Can the plan be refined and improved?
- Can the HIE program and HIE Steering Committee assess current HIE investments to ensure alignment with health system goals and avoid duplication?
- Can the program remain viable as federal funding is set to decrease via Fair Share rules and the end of HITECH?
- Will HIE's prolonged technological adolescence mature into useful technology?