



2019-2020 Health Information Exchange Strategic Plan

2020 Connectivity Criteria

Staff Recommendation

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November 20, 2019

GMCB Oversight of VITL, Health Information Technology and Health Information Exchange

- **Review and approve VITL budget – Completed in June 2019**
- **Review and approve Vermont Health Information Exchange Strategic Plan (HIE Plan)**
 - 18 V.S.A. § 9375, the Board is charged to review and approve Vermont’s statewide Health Information Technology Plan – now known as the Health Information Exchange Strategic Plan (HIE Plan) – “to ensure that the necessary infrastructure is in place to enable the State to achieve the principles expressed in section 9371 of this title [Principles for Health Care Reform].”
 - 18 V.S.A. § 9351(a): The HIE Plan “shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients” and “shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.”
- **Review and approve Connectivity Criteria**
 - Under 18 V.S.A. § 9352(i)(2), VITL must “establish criteria for creating or maintaining connectivity to the State’s health information exchange network” and provide those criteria to the Board by March 1 each year. The Board approved 2019 Connectivity Criteria in November 2018.

Suggested Principles for HIE Plan Review

In 2018, staff suggested four principles for review of the HIE Plan, building on the statutory requirements discussed above. For the 2019-2020 Plan, staff recommend using the same four principles:

1. Is the HIE Plan consistent with the requirements of V.S.A. 18 § 9351?
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?
3. Is the HIE Plan consistent with other relevant legislation?
 - This year, staff considered alignment with Sections 4 and 5 of Act 53 of 2019 (focused on HIE Consent Policy), along with Act 73 of 2017 and Act 187 of 2018 (focused on oversight and evaluation of VITL and DVHA's HIE program).
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?

Suggested Principles for Connectivity Criteria Review

In 2018, staff suggested two principles for review of 2019 Connectivity Criteria, building on the statutory requirements discussed above. For the 2020 Connectivity Criteria, staff recommend using the same principles:

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

Process Reminder

- **November 2:** DVHA submitted HIE Plan to GMCB
- **November 4-November 15:** HIE Plan posted; special public comment period
- **November 13:** DVHA and VITL present HIE Plan and Connectivity Criteria
- **November 20:** Staff recommendation to GMCB on HIE Plan and Connectivity Criteria votes; potential votes

Assessing the 2019-2020 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, the 2019 update to the HIE Plan meets each of these criteria. The HIE Plan approved in 2018 focused on setting a groundwork for thoughtful investment; the updated 2019-2020 Plan includes specific plans for developing Foundational and Exchange Services which underpin all successful HIE efforts.
- Beginning in March 2020, V.S.A. 18 § 9351 (a)(3) also specifies that the VHIE will use an opt-out consent model; the HIE Plan demonstrates strides toward meeting this requirement on time, though DVHA and stakeholders continue to work to finalize workflows and other details prior to launch.

Assessing the 2019-2020 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. In its 2018 decision to approve the 2018-2019 HIE Plan, the Board found that the Plan spoke to several of the principles stated in V.S.A. 18 § 9371; these areas remain core to the 2019-2020 Plan and have not changed.

- 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.
- 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 DVHA and partners have sought feedback from a wide variety of stakeholders (see slide 9).

Assessing the 2019-2020 HIE Strategic Plan

3. *Is the HIE Plan consistent with other relevant legislation?* Staff considered the HIE Strategic Plan's alignment with Sections 4 and 5 of Act 53 of 2019, which focused on HIE Consent Policy.

- Act 53 of 2019: Implementing the change to Vermont's HIE consent policy required by Act 53 of 2019 was a major focus of the HIE Steering Committee's work in 2019; this effort is documented in the HIE Plan as well as two Act 53 Sec. 5 reports submitted by DVHA to GMCB and various legislative committees in August and November.
 - Note: The current Policy on Patient Consent for Provider Access to Protected Health Information on VHIE or through the Blueprint, approved by the Secretary of Administration and GMCB in 2014, is inconsistent with Act 53's requirement that the VHIE have opt-out consent. Staff recommend that the Board request DVHA draft an updated policy, reflective of Act 53, be brought before the Board prior to March 1, 2020, when the HIE consent policy change is to be implemented. Upon approval by the Board, the updated consent policy would be incorporated into the 2019-2020 HIE Plan.
- Act 73 of 2017 and Act 187 of 2018: The HIE Plan also demonstrates continued efforts to improve operational effectiveness of the VHIE and the State's HIE program, a core goal of Act 73 of 2017 and Act 187 of 2018.

Assessing the 2019-2020 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 2018-2019 HIE Plan built 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. These best practices continue to underpin the updated 2019-2020 HIE Plan.

Assessing the 2019-2020 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?

- Feedback from Vermonters: The HIE Steering Committee includes stakeholders from a variety of key HIE constituencies. In addition, DVHA and its contractors sought input from other stakeholders:
 - *HIE Plan and Technical Roadmap*: DVHA and its contractors sought feedback from providers and provider organizations and associations (including GMCB's Primary Care Advisory Group, Bi-State Primary Care Association, VAHHS, Vermont Care Partners, Planned Parenthood, and multiple hospitals and health systems), OneCare Vermont, payers, and key SOV agencies and programs. DVHA also held four focus groups with individuals who utilize the VHIE.
 - *Consent*: As required by Act 53, DVHA has made major efforts to engage stakeholders in the HIE consent policy change, including: ACLU, Office of the Health Care Advocate, Vermont Developmental Disabilities Council, Vermont Family Network, Cultural Brokers Program, Bridges to Health, Planned Parenthood, Vermont Pride Center, Southwestern Vermont Council on Aging, and Agewell. In addition, DVHA hosted focus groups for Vermonters with developmental disabilities and their families, Vermonters living with HIV/AIDS, and refugees/New Americans, as well as three focus groups in different parts of the state that engaged the general population of individuals seeking health care in Vermont.

Assessing 2020 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?*
 - The 2019 Connectivity Criteria, approved last year, aligned with the HIE Plan's goals and structure and support increased availability of high-quality, usable data – critical to the achievement of Vermont's health reform goals. The 2020 Connectivity Criteria broadens the dataset required for Tier 2 connectivity to better align with stakeholder program needs and further defines Tier 3 connectivity.
- 2. Are the proposed Connectivity Criteria sufficiently clear to be operationalized by VITL, the State of Vermont, and health care provider organizations?*
 - The approved 2019 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; the 2020 Connectivity Criteria maintains this structure.

Summary of Public Comment

The Board has received the following comments:

- Two commenters provided verbal comment at the November 13 Board meeting:
 - Eric Schultheis of the Office of the Health Care Advocate thanked the DVHA team for their efforts to engage stakeholders in the HIE consent policy implementation, and for the focus on meaningful consent. He also complimented DVHA's evaluation planning.
 - Kirsten Murphy of Vermont Developmental Disabilities Council thanked the DVHA team for their efforts to engage stakeholders and stated that the concerns of Vermonters with developmental disabilities have been heard. She indicated that VTDDC would continue to partner with DVHA on this effort.
- The Board received no written public comment.

Staff Recommendations

- Staff recommend **approving the 2019-2020 Health Information Exchange Strategic Plan as submitted**, with the following condition:
 - To comply with Sec. 4 of Act 53 (2019), DVHA shall return to the Board prior to March 1, 2020, to propose an amendment to the 2019-2020 HIE Plan (eff. 3/1/2020) to reflect opt-out consent in the Plan's consent policy.
- Staff recommend **approving the 2020 Connectivity Criteria as submitted**.