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**Report to  
The Vermont Legislature**

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**Final Report on the Stakeholder Engagement Process and Consent Policy  
Implementation Strategy**

**In Accordance with Sec. 5 of Act 53 (2019): An act relating to informed  
health care financial decision making and the consent policy for the Vermont  
Health Information Exchange.**

**Submitted to:** House Committee on Health Care  
Senate Committee on Health and Welfare  
Health Reform Oversight Committee  
Green Mountain Care Board

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## EXECUTIVE SUMMARY

Act 53 of 2019, An act relating to informed health care financial decision making and the consent policy for the Vermont Health Information Exchange, adopts an opt-out consent policy for the sharing of patient health information through the Vermont Health Information Exchange and specifies that the implementation strategy shall include substantial opportunities for public input. Opt-out consent means that an individual's health records are presumed viewable by their health care providers via the Vermont Health Information Exchange unless the individual indicates otherwise through specific mechanisms designed to capture consent choice. These technical mechanisms were expanded upon as part of Vermont's consent implementation strategy. Act 53 further specifies several requirements for associated patient education mechanisms and processes to achieve meaningful consent. This final report demonstrates the commitment of the Department of Vermont Health Access (DVHA), Vermont Information Technology Leaders, the Health Information Exchange Steering Committee, and community partners to meet the requirements of Act 53 and is submitted to the House Committee on Health Care, the Senate Committee on Health and Welfare, the Health Reform Oversight Committee, and the Green Mountain Care Board (GMCB) for review and consideration.

Act 53 was signed by Governor Scott on June 10, 2019. The Act includes two major areas of implementation that are the responsibility of the Department of Vermont Health Access – an update to the statewide Health Information Technology Plan that provides for the new consent policy (submitted November 2019) and development of an implementation strategy for the new consent policy (the change to consent policy is effective March 1, 2020). This report is the final report required on the consent implementation strategy developed to support a successful transition to the opt-out consent policy.

Act 53 directs “DVHA, in consultation with the Health Information Exchange Steering Committee, to administer a robust stakeholder process to develop an implementation strategy for the consent policy for the sharing of patient health information through the Vermont Health Information Exchange (VHIE).”<sup>1</sup> Following this direction, the Department developed a consent implementation strategy that was designed to meet the 6 detailed requirements articulated in Act 53 of 2019.<sup>2</sup> This final report provides an updated status of the initial workplan (Appendix I) and documents DVHA's ongoing commitment to the full requirements of Act 53. Overall, work has met or exceeded expectations and is on schedule to ensure a

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<sup>1</sup> <https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT053/ACT053%20As%20Enacted.pdf>

<sup>2</sup> Please reference Appendix I of the August 1, 2019 Consent Policy Implementation Progress Report, submitted pursuant to Act 53 of 2019, for more information. It may be found here:

[https://legislature.vermont.gov/assets/Legislative-Reports/Act-53-Consent-Policy-Implementation-1-August-2019-Progress-Report\\_DVHA\\_FINAL.pdf](https://legislature.vermont.gov/assets/Legislative-Reports/Act-53-Consent-Policy-Implementation-1-August-2019-Progress-Report_DVHA_FINAL.pdf)

successful transition to the new opt-out consent policy on March 1, 2020.

### **Consent Policy Implementation Project Work – High Level Highlights:**

- DVHA, in partnership with Vermont Information Technology Leaders, the Health Information Exchange Steering Committee, advocacy organizations and community partners, has assessed, developed and launched a significant public input effort and subsequent stakeholder engagement. This work aims to embolden advocacy organizations, including the Office of the Health Care Advocate, to support constituents in meaningful decision-making about the availability of their health information and produce broad awareness of the change to the consent policy.
- Patient education mechanisms and multi-sector communication strategies are being implemented and will live on through public messaging, trained advocates, a communications toolkit, a website with continually updated content, and telephone hotlines at Vermont Information Technology Leaders and the Office of the Health Care Advocate.
- Technical mechanisms are in place at Vermont Information Technology Leaders to capture consent. Vermonters who wish to opt-out on March 1, 2020 when the new policy goes into place are now able to call the Vermont Information Technology Leaders hotline or go online to record their consent preference.
- The Health Information Exchange (HIE) Plan has been updated as required by Act 187 and includes the provisions specified in Act 53 of 2019. Vermont Information Technology leaders have updated protocols for consent management, data access, and auditing, summaries of which will be included in an addendum to the Plan. The HIE Steering Committee, the authors of the Plan, will continue to monitor and support consent protocols as an essential component of health information exchange success.
- Evaluation planning and data collection are initiated and on-going.
- The Health Information Exchange Strategic Plan, as called for in Vermont Title 18, will provide an overview of the evaluation results.

## BACKGROUND

Act 53 of 2019, An act relating to informed health care financial decision making and the consent policy for the Vermont Health Information Exchange, adopts an opt-out consent policy for the sharing of patient health information through the Vermont Health Information Exchange (VHIE) and specifies that the implementation strategy shall include substantial opportunities for public input. Act 53 further specifies several requirements for associated patient education mechanisms and processes to achieve meaningful consent. This final report demonstrates the commitment of the Department of Vermont Health Access (DVHA), Vermont Information Technology Leaders, the Health Information Exchange Steering Committee, and community partners to meet the requirements of Act 53 and is submitted to the House Committee on Health Care, the Senate Committee on Health and Welfare, the Health Reform Oversight Committee, and the Green Mountain Care Board (GMCB) for review and consideration.

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## MEANINGFUL CONSENT

To successfully achieve the requirements set forth in Act 53 of 2019 for the transition to a new health data consent law, the Department of Vermont Health Access, Vermont Information Technology Leaders and the Health Information Exchange Steering Committee adopted the concept of “meaningful consent” as a guiding strategic principle for all activities supporting the implementation of the opt-out consent policy (see Appendix II for more detail). Accordingly, the implementation approach - stakeholder engagement activities, the development of awareness and educational messaging and materials, and the development of mechanisms to support personal consent choices – is intended to produce broad awareness of the policy change and to inform people about the Vermont Health Information Exchange and their rights related to the disclosure of health records with treating providers, without advocating for or against any choice they may make.

Per the Office of the National Coordinator for Health Information Technology (ONC), meaningful consent “occurs when the patient makes an informed decision and the choice is properly recorded and maintained. Specifically, a meaningful consent decision has six aspects. The decision is:

- made with full transparency and education,
- made only after the patient has had sufficient time to review educational material,
- commensurate with circumstances for why health information is exchanged (i.e., the further the information-sharing strays from a reasonable patient expectation, the more time and education is required for the patient before he or she makes a decision),
- not used for discriminatory purposes or as a condition for receiving medical treatment,
- consistent with patient expectations, and
- revocable at any time.

The Department of Vermont Health Access and Vermont Information Technology Leaders will promote meaningful consent as described as the gold standard for consent. The minimum acceptable consent as implemented by providers, practices, and the Vermont Health Information Exchange (VHIE) must satisfy the requirements of Act 53 and current federal requirements.

### **Federal Requirements Related to Consent to Share Health Information in the VHIE**

Federal regulations cannot be overruled or relaxed by state regulations although state regulations can impose restrictions that go beyond the constraints of federal regulations. The two federal regulatory areas that relate to the sharing of health information are found in the HIPAA Privacy Rule and in 42 CFR Part 2. HIPAA is the Health Insurance Portability and Accountability Act of 1996. 42 CFR Part 2 is the Confidentiality of Substance Use Disorder Patient Records. Vermonters receiving health care anywhere should have been presented with information on HIPAA and they have probably given permission for the provider and health care organizations to share information with payers, other providers, and health care organizations who may be involved or consulted on some aspect of the health care delivery.

The purpose of 42 CFR Part 2 is to ensure that a patient receiving treatment for a substance use disorder in a Part 2 program is not made more vulnerable than an individual with a substance use disorder who does not seek treatment. 42 CFR Part 2 requires patient consent for disclosures of protected health information for the purposes of treatment, payment, or health care operations; consent for disclosure must be in writing; re-disclosures without patient written consent are prohibited (with certain exceptions).

The Vermont Health Information Exchange does not currently receive information from designated 42 CFR Part 2 programs. Any patient who does not opt-out of health information sharing will know that information from designated 42 CFR Part 2 programs (related to substance use disorder and treatment) is not being transmitted.

## **The Vermont Health Information Exchange and the New Opt-out Consent Policy**

Information related to health care treatment, in most cases, is transmitted to the Vermont Health Information Exchange where longitudinal health information is viewable by participating health care organizations. Data is also extracted and transmitted to support stakeholders involved in health care reform efforts such as the Blueprint for Health, the Vermont Department of Health, the Vermont Chronic Care Initiative and OneCare Vermont.

The existing Vermont opt-in consent policy and the new opt-out consent policy have to do with an individual's management of who can access their health information in the Vermont Health Information Exchange. A decision to approve access to a provider, health care organization, or payer is still subject to the restrictions of HIPAA and 42 CFR Part 2. Under the opt-out consent policy, taking no action will allow access by treating providers and health care organizations. Opting-out is simply removing electronic access through the Vermont Health Information Exchange as an option and forcing health care providers to use other methods for sharing health information which would most likely result in them faxing information.

Consent discussions with patients including the presentation of opportunities to make informed consent decisions will continue to occur where individuals interact with the health care system, independent of Act 53 of 2019. These points of interaction include the front desk of medical practice facilities, emergency rooms and urgent care centers, hospital admission and procedure locations, and a variety of settings where other providers and care coordinators interact with individuals. These discussions will still be about consent for treatment and the subsequent access to information in the Vermont Health Information Exchange. The difference now is the decision to allow access to information in the Vermont Health Information Exchange will change from opt-in to opt-out.

## **CONSENT IMPLEMENTATION GOVERNANCE AND PROJECT ORGANIZATION**

The Department of Vermont Health Access formed a project team that included representation from Vermont Information Technology Leaders (VITL) to address best practices of project management while focusing on the main workstreams of the project. This team meets weekly, the project log and schedule are maintained, and project activities are monitored for progress. Furthermore, as the operational support for the HIE Steering Committee, the Department ensures that the Committee is educated and engaged on the consent implementation project.

## HEALTH INFORMATION TECHNOLOGY PLAN ALIGNMENT

Act 187, An act relating to health information technology and health information exchange, required DVHA to submit a Health Information Technology Plan to the Green Mountain Care Board on or before November 1, 2018. The submitted plan, entitled Health Information Exchange Strategic Plan, was subsequently approved by the GMCB. The Plan is subject to annual updates and a comprehensive update every five years. Act 53 of 2019 required Vermont's statewide Health Information Exchange Strategic Plan (Health Information Technology Plan, HIT Plan) to provide that patient information in the Vermont Health Information Exchange will be accessible to health care facilities, professionals, and payers unless the patient has opted out of having their electronic health information shared in this manner.

The updated 2019-2020 Health Information Exchange Strategic Plan was submitted to the Green Mountain Care Board in November of 2019.<sup>3</sup> This first annual update to the Plan was approved by the Green Mountain Care Board on November 20, 2019. Approval of the plan was with the condition that "To comply with Sec. 4 of Act 53 (2019), DVHA shall return to the Board prior to March 1, 2020, to propose an addendum to the 2019-2020 HIE Plan (eff. 3/1/2020) to reflect opt-out consent and document how opt-out consent will be managed." DVHA will propose this addendum in the time frame required with language consistent with the description of opt-out consent management described in this report.

DVHA is facilitating the implementation of the opt-out consent policy with the participation and advice of the Health Information Exchange (HIE) Steering Committee. The HIE Steering Committee, the authors of the Plan, will continue to monitor and support consent protocols as an essential component of health information exchange success. The consent implementation project is an included agenda item as needed at Steering Committee meetings. DVHA, in consultation with the HIE Steering Committee, will include a section on consent – updates, strategic direction and evaluation results - in future annual updates.

The consent policy implementation project team will continue to meet as a mechanism for sharing status information, identifying changes, and focusing communications for the HIE Steering Committee and other partners. Effectively, this will be a sub-committee of the HIE Steering Committee. In addition to ensuring the effective implementation of the opt-out consent policy during the crucial first year of operation, there will be other consent-related issues to be considered including the anticipated Information Blocking Rule that will be released by ONC. Also, the opt-out consent policy, even though it is a dramatic change from the opt-in policy it replaces, is still an all-in or all-out decision for Vermonters in terms of sharing their data in the VHIE with providers. The possibility of a more granular consent management that would

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[https://healthdata.vermont.gov/sites/healthdata/files/DVHA\\_HIE%20Plan\\_10.31.19\\_FINAL%20%28003%29.pdf](https://healthdata.vermont.gov/sites/healthdata/files/DVHA_HIE%20Plan_10.31.19_FINAL%20%28003%29.pdf)



enables specific control of sensitive information continues to be of interest to the HIE Steering Committee, as identified in the recently approved 2019-2020 version of the HIE Strategic Plan.

## CONSENT POLICY IMPLEMENTATION PROJECT ORGANIZATION AND PROGRESS

The Department of Vermont Health Access and Vermont Information Technology Leaders organized their responsibilities under Act 53 of 2019 as a “consent implementation project,” dividing the 6 specific legislative requirements into 3 major workstreams:

1. **Stakeholder engagement** for implementation strategy development;
2. **Mechanisms to implement and manage consent** for the VHIE; and
3. **Evaluation** of the success of stakeholder engagement objectives.

Significant progress has been achieved in each workstream since the last report and highlights are as follows:

**Stakeholder Engagement:** Additional interviews and focus groups have been conducted and a good understanding of the messaging requirements has emerged. Preliminary messages and delivery mechanisms have been produced and the overall campaign is being finalized to ensure that common message elements can be delivered to a variety of groups and Vermonters, using an appropriate mix of communications channels. An external communications agency has assisted with messaging, toolkits, and educational materials. Advocacy organizations are preparing and have started to deliver preliminary messages about consent using the initial products. Training for staff at the Office of the Health Care Advocate has occurred and training for other advocacy organizations has been offered. The finalized campaign will be delivered throughout January and February of 2020 to align with the March 1, 2020 effective date. The Stakeholder Engagement workstream section of this report expands on this work and how it is being structured.

**Mechanisms to Implement and Manage Consent for the VHIE:** In addition to the policy and procedure updates that are being planned, Vermont Information Technology Leaders (VITL) is significantly expanding the mechanisms through which Vermonters can act on a decision to opt-out if that is their choice, including the use of fax, telephone, web form and US Mail. The majority of these mechanisms went into effect in December of 2019. VITL has also consulted with stakeholders and legal counsel to ensure policies, processes, and procedures support the new consent legislation. An important consideration that is being addressed will ensure that people who have opted out under the existing policy will remain opted out when the new policy goes into effect on March 1, 2020. The Mechanisms workstream section of this report provides an update on the progress attained in this area.

**Evaluation:** A Consent Policy Evaluation Committee has been established and an evaluation plan is being implemented. Formal evaluation questions have been developed to determine the extent to which Vermonters are aware of the Vermont Health Information Exchange and information sharing possibilities, informed of the consent policy and their choices, and enabled to put their consent choices into effect. Data sources that can be used to evaluate the questions have been identified and reports are planned and will be available when new data becomes available. The Evaluations workstream section of this report provides an update on the progress attained in this area.

The opt-out consent policy will be implemented by March 1, 2020; however, the work initiated in the three work streams noted above to support the consent policy change will continue beyond the implementation date as Vermonter’s rights related to managing who has access to their health records remains an important component of policy implementation. The sections below provide updates regarding the status of each workstream – stakeholder engagement, mechanisms and evaluation – and information on related, planned future activities.

## STAKEHOLDER ENGAGEMENT

Stakeholder engagement is a critically important workstream considering the State’s commitment to inclusion, transparency and support for the needs of unique populations statewide. Act 53 of 2019 identified the need to consider both the general public and populations or groups of Vermonters who may have special concerns about consenting to make their health information accessible to their providers and health care organizations. DVHA employed a multi-sector process for engaging diverse audiences in the development of a meaningful consensus strategy. This stakeholder engagement process is described here.

### Engaging with Advocates Representing “All Vermonters”

Advocacy organizations representing Vermont “consumers” (all Vermonters) were actively involved in the development of implementation strategies. These organizations included the ACLU and the Office of the Health Care Advocate. Both were engaged in the early stages of the stakeholder engagement work, in order to communicate the objectives for the project and solicit recommendations for how to achieve an effective rollout of the new policy - a rollout that enables meaningful consent.

Advocates Engaged	Meeting Date
ACLU	6/12/19
Office of the Health Care Advocate	6/17/19

A subsequent meeting on August 30<sup>th</sup> engaged both organizations with updates and solicited their input on the project. Additionally, to accomplish the task of educating the public about the Vermont Health Information Exchange and patient consent options, members of the Vermont Information Technology and DVHA teams offered training for the Office of the Health Care Advocate. This training supported Health Care Advocates in understanding and communicating with Vermonters about their rights, and the protocols, as they relate to sharing of their health records.

Training Held	Training Date
Office of the Health Care Advocate	12/11/2019

**Identifying and Engaging Special Populations, Interviewing Advocates**

The project team identified special populations whose members may have concerns about sharing their health data, based on stigma (e.g. people living with HIV/AIDS), personal safety (e.g. people with experience of partner violence), or other reasons. The team also identified special populations whose members may require different communication approaches from those used with the general public in order to fully understand their options and rights. The project team reached out to advocates for the special populations.

Interviews and focus groups were completed with advocates and members of these groups, with the objective of:

- 1) Informing advocates about the VHIE and the new opt-out consent policy;
- 2) Understanding each population’s current understanding of and perspectives on health data sharing including benefits and risks;
- 3) Engaging members of these populations in conversation via interviews or focus groups;
- 4) Enabling advocacy organizations to be messengers and possibly processing opt-out decisions for members of the populations they serve;
- 5) Developing a shared definition of success regarding the rollout of the opt-out consent policy.

A few themes emerged in discussions with advocates for special populations and from previously mentioned advocacy organizations representing the general population including:

- A shared understanding that a multi-channel communications approach that relies on a wide range of messengers and mediums will have the best chance of reaching Vermonters.
- Most advocacy organizations interviewed committed to participating as messengers.

- There were differing opinions as to whether a mailing to every Vermont household would be an effective method of communicating the key messages. Many advocates indicated that it may be prohibitively expensive, yield poor outcomes, and be invasive to individuals' privacy.
- Some advocacy organizations representing special populations recognized the unique risks of health information exchange to the people they represent and/or unique challenges in communicating with them about the Vermont Health Information Exchange and their rights while also recognizing that they may experience more benefit from effective health information exchange than members of the general public.
- Some advocacy organizations have cautioned that messaging about the Vermont Health Information Exchange must be carefully designed to not create fear or uncertainty. Potential sources of fear cited include confusion that this impacts health insurance. Advocates noted that when individuals encounter messaging, they should understand that no action is necessary and that they will continue to receive high quality care regardless of the decision they make about sharing their records.

Special Populations Identified	Advocates Engaged	Meeting Date
People with developmental disabilities	Developmental Disabilities Council	6/4/2019
Families of people with developmental disabilities and/or special health care needs	Vermont Family Network	8/14/19
Refugees and New Americans	Cultural Brokers Program	7/15/2019
Migrant farm workers	Bridges to Health, UVM Extension	7/25/2019
People accessing sexual and reproductive health services	Planned Parenthood of Northern New England	7/2/2019
LGBTQ people	Pride Center	7/1/2019
People living with HIV/AIDS	People with AIDS	7/10/2019
Elders	Southwestern Vermont Council on Aging, AgeWell	8/5/2019

## **Focus Groups and Interviews with Vermonters, Including Members of Special Populations**

The project team conducted a series of focus groups, question and answer sessions, and individual and small-group interviews with members of the special populations mentioned above and members of the general public. All of these engagements were designed to:

- 1) Understand participants' expectations of how their health data is shared and used;
- 2) Understand what information (about the Vermont Health Information Exchange, benefits and risks of health information sharing, and rights and options) matters to people most;
- 3) Understand how best to communicate about the new policy – what messengers and communication channels will be most effective;
- 4) Engage participants in design of easy and accessible mechanisms to communicate that they do not want to share their health records through the Vermont Health Information Exchange.

The project team's learnings from these engagements influenced all planning and development activities. Some findings included:

- There is a lack of awareness of the Vermont Health Information Exchange and how personal health data is stored and shared beyond practice, organization, or network electronic health records (e.g., UVMHC).
- People generally agreed that the more information their health care providers have access to, the better. However, people want clarification about who would have access to their health information in the VHIE. They were interested in understanding both who is allowed access and who is capable of accessing, and what protections exist to limit access to the appropriate viewers.
- Some concern was noted about old or sensitive information being available to their current provider.
- Some wanted reassurance about the overall security of the VHIE system (against hacking, for instance).
- The message "when my doctors have access to more complete information about my health, I may not need to tell my health story over and over again" resonates with many. People expect their providers will continue to ask them questions (including some seemingly repetitive questions) and listen closely to them. They also hope some repetition can be reduced (this is especially true among people with severe chronic conditions and their family members).
- People with severe chronic conditions and their family members expend substantial time managing personal health data. They are hopeful about tools that enable data sharing and require less logistical/administrative work of them.

- People want their health care provider to know and share how health data is stored, shared, and used. They are also receptive to learning about this topic from staff in their provider’s office and in a wide variety of health care settings and other venues.
- People want easy but reliable mechanisms to activate an opt-out decision.

Focus Groups	Population Engaged	Date
Developmental Disabilities Council Board	People with developmental disabilities	7/26/19
People with AIDS Retreat	People living with HIV/AIDS	7/27/19
St. Johnsbury-area Community Health Team patients	General population / health care patients	7/31/19
Vermont Family Network	Families of people with developmental disabilities and/or special health care needs	8/14/19
Burlington-area UVMMC patients	General population / health care patients	8/19/19
Cultural Brokers	Refugees and New Americans	9/11/19
Williston Rotary* *Informal question and answer session	General population	10/10/19
Community Advisory Group (CAG) Meeting	General population and populations with additional privacy or health concerns	12/3/19
Pride Center of Vermont	LGBTQ people	12/10/19

### Message Development and Dissemination Strategy

Act 53 of 2019 requires that the policy implementation strategy shall “focus on the creation of patient education mechanisms and processes” that clearly explain:

- i. the purpose of the VHIE;
- ii. the way in which health information is currently collected;
- iii. how and with whom health information may be shared using the VHIE;
- iv. the purposes for which health information may be shared using the VHIE;
- v. how to opt-out of having health information shared using the VHIE; and

- vi. how patients can change their participation status in the future.

The project team utilized the information obtained from the interviews and focus groups to inform messaging approaches and conduct preliminary message testing. The team also engaged the groups listed above to learn what communications channels would be most effective for reaching general audiences and special populations – where and from whom people want to learn about the Vermont Health Information Exchange. As a result of these engagements, the project team launched a website ([vthealthinfo.com](http://vthealthinfo.com)) to host information about the VHIE for Vermonters, and developed training for VITL staff and advocates who may be fielding questions and/or obtaining opt-out preferences on behalf of individuals. This outreach strategy relies on three types of messengers: health care organizations, advocacy organizations (including the Office of the Health Care Advocate leveraging their consumer hotline), and VITL.

The Department of Vermont Health Access has engaged with other statewide departments and agencies to determine existing options for outreach, including mailings, call centers, social media accounts, and newsletters. Partnering with an external communications agency and internal state resources, the project team developed a broad set of outreach tactics and tools to be used by these messengers to reach Vermonters with information about what the Vermont Health Information Exchange is, why it matters to them, and their rights and options.

## Core Information Resources

Communications will be supported by the VITL hotline (1-888-980-1243) and a website (vthealthinfo.com). A website with information about Vermont’s consent law and the VHIE is live and hosted by VITL. The website provides accessible, clear information about what the VHIE is, why it matters to Vermonters, and their rights and options. The website will be continually developed as new communications materials become available and VITL and partners learn more about Vermonter’s needs. The website currently includes:

- A link to a webform allowing Vermonters to opt-out;
- Directions for: how to opt-out, how to opt-back-in, how to request a personal health record, and how to request an audit of viewers of a personal health record;
- Numbers for the VHIE Consent hotline and the Office of the Health Care Advocate – to reach a person who can answer questions, process opt-outs (VITL only), and support decision-making;
- Frequently Asked Questions (FAQs), answering questions received to date about the VHIE and consent law.

Planned website updates include, but are not limited to:

- A brief video about the Vermont Health Information Exchange and options;
- A list of advocacy organizations and case management teams that can help answer questions and concerns about the VHIE and support a meaningful consent decision.

## Messengers & Channels

1. Messenger: Providers (practices and health care organizations)	2. Messenger: Advocacy organizations & other partners	3. Messenger: Direct from the State of Vermont and VITL
Inform patients about health data where it is created and used	Reach special populations through existing strong and trusting relationships	Reach Vermonters not reached in other channels and reinforce the message



## 1. Provider-Led Communications

At providers' offices	Via health care organizations' communications channels
<ul style="list-style-type: none"> <li>• Provide all participating health care organizations with sample script and handout to use at check-in*</li> <li>• Provide all participating health care organizations with language that may be inserted into HIPAA paperwork / notice of privacy practices</li> <li>• May also produce posters and/or other materials to use in on-site education.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide interested practices and health care organizations with a toolkit of materials they may choose to use in their existing communications channels. Toolkit will be the same, or similar to, toolkit provided to advocacy organizations.               <ul style="list-style-type: none"> <li>▪ Suite of social content</li> <li>▪ Newsletter item and/or blog post</li> <li>▪ Other content TBD</li> </ul> </li> </ul>
<p><b>*Note: Focus group participants have been clear that they want to hear about how their health data is shared and used directly from their provider.</b> However, it is unlikely that sharing this information can fit into the limited time providers have with their patients. The project team is looking for the closest proxy that does not place undue burden on providers or practices. The team is working with provider organizations to develop in-office education opportunities that are meaningful for patients and low-burden for health care organizations.</p>	

## 2. Communications from Advocacy Organizations and other Partners

All interested advocacy organizations and other partners (such as health insurance providers) have received a toolkit of materials they can use to inform the people they serve. Toolkit trainings have been provided to advocacy organizations.

- Toolkit include:
  - Suite of social media content
  - Newsletter item and/or blog post
  - Slides and/or talking points for meetings
  - Handouts
  - Other content TBD
- Team members are available to present in person at gatherings hosted by advocacy organizations for the people they serve – about the Vermont Health Information Exchange and opt-out options.

## 3. Communications from the State of Vermont and VITL

- The State of Vermont is using internal resources to develop content for the news media about the Vermont Health Information Exchange and Vermonters' options
  - An article for town/local papers
  - Pitch to statewide news organizations
- The State of Vermont is using its own relevant social media accounts to share information about the Vermont Health Information Exchange
- Within a limited budget, the State of Vermont is using some broad-reaching paid media to share information about the Vermont Health Information Exchange. Front Porch Forum is among the channels under consideration. Front Porch Forum has been contracted, and posts between January and April have been planned.
- The State of Vermont will hold at least one public hearing to take comments from the public related to the consent policy change. Planning for a late-January hearing is underway.

### Stakeholder Engagement Efforts Transition from Interviews to an Education Focus

To support the work of communicating with Vermonters - both the general public and members of special populations - the transition from planning, interviewing and hearing from Vermonters to educating

Vermonters is essential. Findings from interviews, focus groups, and feedback from advocacy organizations have informed the work of educating Vermonters about the VHIE and their rights related to sharing their health information. The Department of Vermont Health Access partnered with a communications agency to develop an education campaign. The communications agency assisted the project team with the development of the toolkits, training curriculum, website and brochure design and creative content. With planning complete, the project team implemented the communication plan outlined above for the website launch and management, toolkit distribution, trainings for advocacy organizations and the Office of the Health Care Advocate, and has continued efforts to engage with partner organizations as needed to support conversations about meaningful consent. Ongoing efforts include engaging with news and media outlets, distribution of an article to newspapers, and leveraging Front Porch Forum as an education tool. The team recognizes that while the opt-out consent policy takes effect March 1, the efforts to educate Vermonters about their rights relating to how they share their data is integral to health care reform efforts and will be a lasting, sustainable effort.

### **Engagement with Health Care Practices and Provider Organizations**

This implementation strategy aims to address conflicting goals: reducing the burden of explaining the Vermont Health Information Exchange on providers, practice staff, and health care organizations and recognizing that patients identify these same professionals and organizations as some of the most trusted communicators for health and health care-related issues. Providers and patients agree that point-of-care is a natural moment for engaging Vermonters in conversations about how their health care data is collected and shared. Vermont Information Technology Leaders (VITL) has extensive experience educating providers about the Vermont Health Information Exchange and working with practices and health care organizations to build the opt-in consent process into workflows. That experience will inform the work to support practices and health care organizations in the change to an opt-out consent policy. In its expanded role of processing and managing consent decisions, VITL will support the adoption of patient education materials, which will align with the requirement of Act 53 that new information about the consent policy be included with existing patient education obligations, such as the disclosure requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). DVHA and VITL will work together to engage provider organizations to ensure this new information is included.

Additionally, the project team has met with the Bi-State Primary Care Association, the Vermont Medical Society, and the Vermont Association of Hospitals and Health Systems to build the project team's understanding of the communications needs of providers and the organizations supporting them, and to garner the organizational commitment necessary for leading or supporting education of their providers on this topic. VITL and the perspectives of these associations will be supplemented by survey data from the provider and provider health care organization survey used to inform the State Medicaid HIT Plan (SMHP), in which consent specific questions are included. More information on the survey and preliminary results can be found in Evaluation section of this report.

Organization Interviewed	Interview Date
Bi-State Primary Care Association	9/11/19
Vermont Medical Society (Annual Meeting)	11/1/19
Vermont Association of Hospitals & Health Systems	9/11/19

**Communications Roll-Out**

March 1, 2020 is the effective date of the change of the consent policy in Vermont. As early as December 2019, Vermonters have been able to express opt-out decisions through the VITL Hotline to ensure their records are not shared via the Vermont Health Information Exchange beginning March 1, 2020. Communications were rolled out in December of 2019 and early January 2020 to inform people about the option to opt-out noted above. Additionally, stakeholder organizations were provided the necessary components of a communications toolkit and have been educated about the VHIE and the new consent policy to support communications with their patients/clients/members. Continued options for training and education for advocacy organizations will be offered throughout February and as needed or requested. Plans have been developed to more broadly disseminate information in January and February of 2020 through education campaigns, engagement with news/media outlets, the Office of Health Care Advocate’s hotline, and finalized toolkits for advocates and health care providers.

**Future Plans and Activities**

While the work of the consent implementation project team and partners has addressed the objectives and goals of Act 53 of 2019 and the State is now prepared to transition to the opt-out consent policy by March 1, 2020, building a culture that promotes and supports meaningful consent for health information exchange is a project that will be ongoing. The Health Information Exchange (HIE) Strategic Plan presented to the Green Mountain Care Board and approved on November 12, 2019 included plans for continued promotion of meaningful consent. The HIE Strategic Plan is updated annually, and future updates will modify plans related to consent based on the findings of the evaluation workstream.

As noted in the previous section of this report, engagement with several organizations representing people with specific concerns about health information sharing, as well as engagement with organizations focused on health care delivery, supported development of an implementation plan that considers both broad and specific population needs. Initial messages and supporting materials have been developed, and communications channels are in place to maintain contact with identified stakeholder groups.

Going forward the stakeholder engagement activities will include:

- Monitoring and making changes as needed for information and training materials: website, maintenance of procedures at VITL, hotlines at VITL and the Office of the Health Care Advocate (HCA) where staff are now trained to support their constituents through a discussion of meaningful consent;
- Meet periodically with HCA to review questions and concerns they may be receiving from Vermonters;
- Reach out periodically to the organizations previously contacted and interviewed as part of the implementation strategy development;
- Coordinate with the other workstreams through ongoing team meetings for additional status information and identification of any issues requiring attention;
- Provide stakeholder engagement status and other input to the HIE Steering Committee to support the 2020 update to the HIE Strategic Plan.

## MECHANISMS AND CONSENT MANAGEMENT

The VHIE must technically and operationally support the new opt-out consent policy while managing the transition, on March 1, 2020, from an opt-in policy to the opt-out policy. Managing the current policy has given VITL significant experience in implementing and operating technical and operational solutions to manage consent and VITL will leverage that experience and much of the supporting infrastructure to engage the new policy. VITL has assembled a consent implementation team that meets weekly and has the requisite project management and technical assistance to support the new policy.

### **Policy and Procedure Changes in the VHIE to Support Opt-out Consent**

VITL has existing policies and procedures to address the privacy and security of patient data and records and they follow best practices in periodically reviewing these documents and testing the actual security of systems and data. Related to this portfolio of existing policies and procedures VITL:

- Reviewed, updated, established and implemented standards and protocols to support the new consent policy;
- Reviewed and updated its portfolio of consent, privacy and security-related policies and procedures to reflect the new consent policy;
- Consulted with stakeholders and legal counsel to ensure policies, processes, and procedures support the new consent policy.

### **Technical Changes in the VHIE to Support Opt-out Consent**

In addition to policy and procedures changes to support the new opt-out consent policy, there are technical changes that must occur to ensure that consent decisions can be captured, used to manage information access, and audited for compliance. Prior to the consent policy implementation project work,

the only method for Vermonters to opt-in or opt-out of the Vermont Health Information Exchange was by visiting a participating health care organization. Participating healthcare organizations will continue to collect consent decisions at least until March 1, 2020, and they can choose to continue collecting consent decisions or refer patients to VITL or another organization collecting this information on Vermonter's behalf.

Related to technical changes:

- VITL has developed processes and procedures to expand methods in which an individual can easily opt-out of the VHIE.
  - Vermonters can express their consent preferences via:
    - Phone
    - Online
    - US Mail
    - Or In-person at VITL
  - This will also include use of the VHIE platform and other supporting systems to collect patient consent from participating health care organizations.
  - VITL has established a systematic way to maintain, audit, and process the decision of an individual to opt-out of the VHIE.
  - The mechanisms for VITL to capture opt-out consent decisions were available mid-December 2019 and will be effective on March 1, 2020.
- VITL assessed existing processes and established new use cases, business processes/workflows, and requirements to ensure the solutions support the new opt-out consent policy and new methods to collect consent directly from individuals and stakeholders (assessment completed October 2019).
- VITL, along with Health Catalyst (the VHIE platform used to currently support the consent and associated patient records in the VHIE), has scheduled an update to the existing VHIE system to support the patient opt-out decision and hide records for the patient, outside of an emergency. This update was deployed to a test environment in October of 2019.
- VITL has developed, tested, and implemented solutions based on the new use cases, business processes/workflows, and requirements established within the project to support opt-out consent. Most mechanisms were completed in the middle of December 2019.
- VITL will ensure an individual's pre-existing consent decision is maintained and new opt-out consent decision can be audited. This work is in progress.
- VITL established post-implementation procedures and processes to provide ongoing support to residents and health care organizations in Vermont.
- VHIE Consent Policy and Patient Information – VITL, in collaboration with the State of Vermont and other stakeholders, will create/update educational materials. This work is in progress.

- VITL has developed workflow recommendations and offers assistance for providers and health care organizations to implement the opt-out consent policy based on use cases and identified solutions. This work is ongoing.

### **Future Plans and Activities**

Having implemented the mechanisms and operational supports for the opt-out consent policy, as well as changes to policies and procedures, Vermont Information Technology Leaders will ensure that the initial implementation continues to satisfy the needs of Vermonters. Specific activities that are anticipated include:

- Provide activity reports to DVHA, the HIE Steering Committee, and the Consent Evaluation Committee to track the number of Vermonters choosing to opt-out of sharing their health information in the VHIE, including which mechanism was used to enable their decision;
- Continue to participate in the consent implementation working group and support ongoing efforts for stakeholder engagement and evaluation;
- Continue to maintain and add to the FAQ as new questions are raised that are related to the consent policy implementation (available on web and in print);
- Provide status and other input related to consent mechanisms and operations to the HIE Steering Committee, the Green Mountain Care Board and the Vermont General Assembly to support ongoing monitoring and strategic planning.

## **EVALUATION**

Act 53 requires that Department of Vermont Health Access (DVHA), in consultation with the HIE Steering Committee, “identify a methodology for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful.” To this end, DVHA, in partnership with the Agency of Digital Services and VITL, established the Consent Policy Evaluation Committee, which includes membership from the Vermont Department of Health, the Disabilities Council, the Office of the Health Care Advocate, the Vermont Association of Hospitals and Health Systems, the Vermont Medical Society, Bi-State Primary Care Association, and Vermont Care Partners. The Committee held its first meeting on December 6<sup>th</sup>, 2019 during which it confirmed the specific aims of the evaluation, reviewed current data sources (and whether they adequately addressed the specific aims), and considered additional sources of data. The specific aims or questions that the evaluation will address are:

1. Are Vermonters aware of their ability to decide whether their health care providers can see their health information available in the VHIE?
2. Do Vermonters have enough information to make a decision, with which they are comfortable, about whether their health care providers can see their health information available in the VHIE?

3. Can Vermonters easily register their decision to not allow their health care providers to view their health information available in the VHIE?

The Evaluation Committee reviewed and affirmed that these 3 high-level questions met the objectives and goals intended by comprehensive evaluation of the change in consent policy and were in accordance with the statutory language of Act 53 (2019). The Committee also reviewed currently identified data sources. The two primary sources of data, in addition to the baseline State Medicaid HIT Plan<sup>4</sup> Provider Survey, will be questions included in the Patient Experience Survey<sup>5</sup> administered by DVHA and data provided by VITL (on calls to the consent hotline, hits to the consent policy website and other campaign views, and registered opt-in and opt-out decisions). The Patient Experience Survey will assess respondents' awareness of their ability to choose whether their health care providers can view their health information available in the VHIE and whether they received enough information about the risks and benefits to make a decision they were comfortable with. Specifically, the text included in the 2019 Patient Experience Survey is:

The next two questions ask about your knowledge of the Vermont Health Information Exchange. The Vermont Health Information Exchange may electronically collect information about the health care you receive. You can choose whether your health care providers can see this information.

Have any of your health care or other service providers asked you whether you want your health care providers to be able to see your health information in the Vermont Health Information Exchange?

- Ⓐ Yes
- Ⓑ No, Go to Question ... [Note: In the survey document, a "no response" directs a respondent to a later question]
- Ⓒ Do not know

Did you get enough information to feel comfortable deciding whether your health care providers will be able to see your health information in the Vermont Health Information Exchange?

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<sup>4</sup> DVHA is required by CMS to develop a State Medicaid HIT Plan (SMHP) to support the Performance Improvement Program, an incentive program for Medicaid providers adopting and meaningfully using EHR technology. The development of the SMHP includes conducting a voluntary online survey of providers as part of a landscape assessment. Some of the questions relate to the topic of consent. A new version of the SMHP has been submitted to CMS and will be posted online once it is approved.

<sup>5</sup> CG-CAHPS Patient-Centered Medical Home (PCMH) Item Set. Content last reviewed August 2019. Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/cahps/surveys-guidance/item-sets/PCMH/index.html>



- Ⓞ Yes
- Ⓞ No
- Ⓞ Do not know

In the 2020 Patient Experience Survey, these questions will be modified to more accurately reflect the shift to “Opt-Out” and that VITL (and not participating providers) will be responsible for consent management. In addition, a third question evaluating the ease of making one’s “opt-out” decision known will be included. The Evaluation Committee will be responsible for drafting the questions at its next meeting. The Committee will also consider additional forums for asking these questions. While DVHA’s Patient Experience Survey was mailed to over 54,000 recipients in 2019, the response rate has historically been approximately 20% to 30%. The survey is also susceptible to “response bias.” The Committee communicated concern that there was the potential for fewer responses from vulnerable populations or those with disabilities, who are often less likely to respond to paper-based surveys. Therefore, the Committee discussed increasing opportunities for Vermonters to respond to these questions. The specifics of these additional opportunities will be identified by the Committee and informed by the public outreach efforts as they mature. The 2019 Patient Experience Survey results are expected in February 2020, and the 2020 Patient Experience Survey results are anticipated to be available in early 2021.

The other source of data - VITL’s information on engagement with the consent hotline, website, and documented consent decisions - will be used to monitor the degree to which Vermonters are taking proactive steps in learning about or registering their consent choice regarding the VHIE. Changes in these trends will serve as an early indicator of Vermonters’ awareness and engagement. The Committee also recognized the need to include feedback for other ways Vermonters are engaging around the VHIE, such as calls to the Health Care Advocate’s Office. This “engagement” data alone, however, will not reveal whether a lack of engagement is due to apathy, lack of awareness, or satisfaction with allowing providers to view their information in the VHIE. Therefore, the combination of data on engagement and the results from the patient experience questions will be important to assess whether the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful. Finally, the Committee is considering the option and resources available to conduct focus groups to further evaluate the success in achieving the three specific aims.

The Consent Policy Evaluation Committee will meet once every other month and intends to report to the HIE Steering Committee on its preliminary data analysis quarterly. A full analysis - comprised of assessments of the monitoring data, outcomes of the patient experience survey, and outcomes from other identified data sources – is anticipated to be available in early 2021. It is also anticipated that the full analysis will include recommendations for next steps to continue promotion of awareness for the Vermont Health Information Exchange consent policy.

## **Future Plans and Activities**

The evaluation workstream has developed a plan that includes capturing data and conducting evaluation analysis for the first year of consent operations under the new policy, as described above. That process will be repeated with annual cycles of activity. Specific activities include:

- Maintain the Consent Policy Evaluation Committee as a committee to complete the initial annual evaluation report and to support future cycles. This includes quarterly reporting on data monitoring and a full analysis and recommendation in early 2021 as described in the evaluation workstream section of this report;
- Consider and pursue additional opportunities for Vermonters to respond to the current set of evaluation questions;
- Develop an evaluation of the other ways Vermonters are engaging the consent topic, including the call history experience at the Office of the Health Care Advocate;
- Determine an appropriate cycle for reporting evaluation outcomes after 2020;
- Coordinate with the other workstreams through ongoing project team meetings for additional status information and identification of any issues requiring attention;
- Provide status and other input related to evaluation to the HIE Steering Committee to support the 2020 update to the HIE Strategic Plan.

## APPENDIX I: DETAILED ACT 53 IMPLEMENTATION WORK PLAN 2019 - 2020

The following table identifies the goals, objectives and activities associated with updating the statewide Health Information Technology Plan and stakeholder engagement process to create an implementation strategy for the change to the consent policy. The objectives are presented in terms of the requirements specified in Act 53. Overlaps between objectives are identified. Reporting and tracking progress in this way ensures that Act 53 is implemented as written and intended, keeping in mind that the overarching goal is to implement an environment and mechanisms that support informed and meaningful consent for all Vermonters.

Objective and Activity	Start and End Dates	Responsible Party	Status
<b>Goal: Update the Statewide Health IT Plan</b>			
<p><b>Objective:</b> Overall coordination of Vermont’s statewide <b>Health Information Technology Plan</b>. The Plan shall be revised annually and updated comprehensively every five years to provide a strategic vision for clinical health information technology. The Plan shall provide for <b>each patient’s electronic health information</b> that is contained in the Vermont Health Information Exchange <b>to be accessible</b> to health care facilities, health care professionals, and public and private payers to the extent permitted under federal law <b>unless the patient has affirmatively elected not to have</b> the patient’s electronic health <b>information shared in this manner</b>.</p> <p><b>Activity:</b> DVHA and the Health Information Exchange Steering</p>	June 1, 2019 - November 1, 2019	DVHA Steering Committee Lantana	<p><b>Complete</b></p> <p>The plan is called the Health Information Exchange Strategic Plan. The updated Plan includes elements related to the change to the consent policy.</p>

<p>Committee (Steering Committee) coordinate the work of Lantana Consulting Group, Inc in developing the roadmap.</p> <p>(Steering Committee Composition: VITL, OneCare Vermont, Blue Cross Blue Shield of VT, Blueprint for Health, Vermont Care Network, Department of Health, Agency of Digital Services)</p>			
<p><b>Objective:</b> Submission of the Health Information Technology Plan to the GMCB</p>	<p>June 1, 2019 - November 1, 2019</p>	<p>DVHA</p>	<p><b>Complete;</b> GMCB approved the Plan.</p>
Objective and Activity	Start and End Dates	Responsible Party	Status
<p><b>Goal: Stakeholder process to develop an implementation strategy for the consent policy</b></p>			
<p><b>Objective:</b> Administer a robust stakeholder process to develop an implementation strategy for the consent policy for the sharing of patient health information through the Vermont Health Information Exchange (VHIE) as revised pursuant to the above requirements.</p> <p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• Begin with stakeholders who advocate for special populations;</li> <li>• Convene focus groups of people who identify as part of special populations;</li> <li>• Convene focus groups to represent Vermonters;</li> <li>• Seek additional expert</li> </ul>	<p>June 1, 2019 - March 1, 2020</p>	<p>DVHA; Health Information Exchange Steering Committee</p>	<p><b>On schedule</b></p> <p>DVHA has met with ten advocacy organizations.</p> <p>Some of these organizations have helped to identify participants and communications to initiate focus group conversations; some program managers from the Blueprint program helped to create focus group opportunities with Vermonters.</p> <p>Advocate group representatives are willing to have further conversations as needed.</p>

<p>interviews as needed;</p> <ul style="list-style-type: none"> <li>Plan when and how to engage providers and practices</li> </ul>			
<p><b>Objective:</b> The implementation strategy shall include substantial opportunities for public input. Current stakeholder engagement with advocacy groups is focused on public input.</p> <p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>Focus groups with people who identify with advocacy groups and with other Vermonters will inform preferred options for further public input;</li> <li>Media options such as call in radio programs and webinars are under consideration</li> </ul>	<p>June 1, 2019 - March 1, 2020 (March 1, 2020 is the consent policy start date; public input will be welcome up to and past this date)</p>	<p>DVHA; Health Information Exchange Steering Committee</p>	<p><b>On schedule</b> DVHA has met with ten advocacy organizations;  Other Vermonters have been engaged in focus groups.</p>
<b>Objective and Activity</b>	<b>Start and End Dates</b>	<b>Responsible Party</b>	<b>Status</b>
<b>Goal: Provide Clear Explanations of Key Elements of the Consent Policy</b>			
<p><b>Objective:</b> Focus on the creation of patient education mechanisms and processes that combine new information on the consent policy with existing patient education obligations, such as disclosure requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)</p> <p><b>Activity:</b></p>	<p>June 1, 2019 – March 2020 and beyond</p>	<p>DVHA; HIE Steering Committee; VITL</p>	<p><b>Complete; ongoing</b> This activity was informed by the stakeholder engagement activity, which will continue.  Developing the message is a part of planning conversations, including a review of existing collateral that can be updated and</p>

<ul style="list-style-type: none"> <li>• Define informed consent as a minimum requirement;</li> <li>• Define meaningful consent as an ideal objective;</li> <li>• Develop a communications message that explains Act 53 consent management aligned with current HIPAA disclosure requirements;</li> <li>• Develop collateral material in a variety of formats to support the message at the public, practice, provider, and patient level.</li> </ul>			<p>continue to take advantage of existing distribution channels. Internal communications expertise is being used together with the services of an external communications agency. Information and training materials have been developed to support advocacy groups who have offered to serve as messengers.</p>
<p><b>Objective:</b> Aim to address diverse needs, abilities, and learning styles with respect to information delivery.</p> <p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• Identify a limited set of populations for separate messages (providers and practices; patients; other);</li> <li>• Identify a set of needs, abilities, and learning styles to inform message and delivery options;</li> <li>• Follow Vermont’s state web accessibility standards for all web content (based on Section 508 of the Rehabilitation Act and W3C Web Accessibility Initiative standards)</li> </ul>	<p>June 1, 2019 – March 2020 and beyond</p>	<p>DVHA; HIE Steering Committee; VITL</p>	<p><b>Complete; ongoing</b></p> <p>This activity has been informed by the stakeholder engagement currently underway, which will continue. Developing the message is a part of conversations that occurred with several populations of people with special concerns about consent.</p>
<p><b>Objective:</b> Clearly explain:</p> <ul style="list-style-type: none"> <li>• the purpose of the VHIE;</li> </ul>	<p>June 1, 2019 – September 2019</p>	<p>DVHA; HIE Steering Committee;</p>	<p><b>Complete; ongoing</b></p> <p>In parallel with stakeholder engagement activities,</p>

<ul style="list-style-type: none"> <li>• the way in which health information is currently collected;</li> <li>• how and with whom health information may be shared using the VHIE;</li> <li>• the purposes for which health information may be shared using the VHIE;</li> <li>• how to opt-out of having health information shared using the VHIE; and</li> <li>• how patients can change their participation status in the future.</li> </ul> <p><b>Activity:</b> Develop message material including brief handouts, more detailed descriptions, and presentation materials to address the content requirements identified in this objective.</p>		VITL	DVHA and VITL are identifying the content and format requirements for this material. VITL has established a webpage related to the consent implementation.
<p><b>Objective:</b> Enable patients to fully understand their rights regarding the sharing of their health information and provide them with ways to find answers to associated questions, including providing contact information for the Office of the Health Advocate.</p> <p><b>Activity:</b> Develop messaging and delivery strategies as described above; ensure that information about the Office of the Health Advocate is included, including contact information.</p>	June 1, 2019 – November 2019	DVHA; HIE Steering Committee; VITL	<b>Complete; ongoing</b> In parallel with stakeholder engagement activities, DVHA and VITL have identified the content and format requirements for this material.
<b>Objective and Activity</b>	<b>Start and End Dates</b>	<b>Responsible Party</b>	<b>Status</b>
<b>Goal: Identify Mechanisms for Opting Out of Sharing Health Information Through the</b>			

VHIE			
<p><b>Objective:</b> Identify the mechanisms by which Vermonters will be able to easily opt-out of having their health information shared through the VHIE and a timeline identifying when each mechanism will be available, which shall begin at least one month prior to the March 1, 2020 change to the consent policy.</p> <p><b>Activity:</b> Identify opt-out mechanisms, including paper-based and electronic, for initial implementation to meet the required date; Identify any additional mechanisms for consideration at a later date; include patient, provider, and practice perspectives including practice workflows and EHR considerations.</p>	June 1, 2019 – February 2020	VITL; DVHA; HIE Steering Committee.	<p><b>On Schedule</b></p> <p>VITL has established a project team for this activity and has a project plan in place to complete the activity. Mechanisms and operational procedures are in place and ready for implementation on the activation date. Existing consent policy is being supported until the March 1, 2020 effective date of the new consent policy, with mechanisms implemented December 2019.</p>
Objective and Activity	Start and End Dates	Responsible Party	Status
Goal: Develop or Supplement Consent Management Processes at the VHIE; Provide Clear Explanations of Key Elements of the Consent Policy			
<p><b>Objective:</b> Include plans for developing or supplementing consent management processes at the VHIE to reflect the needs of patients and providers.</p> <p><b>Activity:</b> In addition to the mechanisms activity described above, there are several VHIE policies related to privacy and security that will require updating; develop operational procedures at the VHIE to support consent</p>	June 1, 2019 – February 2020	VITL; DVHA; HIE Steering Committee.	<p><b>On Schedule</b></p> <p>The VITL implementation plan for consent management mechanisms includes operational considerations including registering individual opt-out choices and establishing audit trails for consent management. This work is complete and awaiting the activation date.</p>



management processes.			
<p><b>Objective:</b> Include multisector communication strategies to inform each Vermonter about the VHIE, the consent policy, and their ability to opt-out of having their health information shared through the VHIE.</p> <p><b>Activity:</b> See previous objectives and activities related to the development of messages and delivery.</p> <p>Identify sectors to benefit from separate communication strategies.</p> <p>Develop variations of message content for each identified sector.</p>	June 1, 2019 – September 2019	DVHA; HIE Steering Committee; VITL	<p><b>Complete; ongoing</b></p> <p>In parallel with stakeholder engagement activities, DVHA and VITL have identified the content and format requirements for this material.</p>
<b>Objective and Activity</b>	<b>Start and End Dates</b>	<b>Responsible Party</b>	<b>Status</b>
<b>Goal: Evaluate the Extent to Which Public Outreach Has Been Successful</b>			
<p><b>Objective:</b> Identify a methodology for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful.</p> <p><b>Activity:</b> Develop a plan for evaluating the required public outreach associated with Act 53 consent implementation; Identify resources to conduct the evaluation; identify and agree on a methodology for the evaluation; conduct the evaluation; report on the evaluation.</p>	August 1, 2019 – November 2019	DVHA; HIE Steering Committee	<p><b>Complete; ongoing</b></p> <p>DVHA has developed a plan for evaluation; evaluation questions have been developed; mechanisms for stakeholder involvement are being developed; timeline accommodates folding evaluation into other planning and reporting activities.</p>

Objective and Activity	Start and End Dates	Responsible Party	Status
<b>Goal: Provide Status Updates to Legislative Committees and the GMCB</b>			
<p><b>Objective:</b> DVHA shall provide updates on the stakeholder engagement process and the consent policy implementation strategy to the House Committee on Health Care, the Senate Committee on Health and Welfare, the Health Reform Oversight Committee, and the Green Mountain Care Board on or before August 1 and November 1, 2019.</p> <p><b>Activity:</b> Develop an update report for the identified legislative committees and the GMCB for August 1, 2019 and November 1, 2019 submission dates. Present updates based on these reports as invited or as opportunities are available.</p>	<p>June 1, 2019 – August 1, 2019 (first update)</p> <p>November 1, 2019 (second update)</p>	<p>DVHA; HIE Steering Committee</p>	<p><b>Complete</b></p> <p>August 1, 2019 report submitted on time.</p> <p>November 1, 2019 report submitted on time.</p>
<p><b>Objective:</b> DVHA shall provide a final report on the outcomes of the stakeholder engagement process and the consent policy implementation strategy to the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Green Mountain Care Board on or before January 15, 2020.</p> <p>Develop a final report on outcomes of the stakeholder engagement process and the consent policy implementation strategy;</p>	<p>November 1, 2019 – January 15, 2020</p>	<p>DVHA; HIE Steering Committee</p>	<p><b>On Schedule</b></p> <p>January 15, 2020 final report submitted on time.</p>

<p>Include description and discussion of the mechanisms that will support the strategy;</p> <p>Include description and discussion of the evaluation methodology for the stakeholder engagement strategy.</p>			
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