

Health Information Exchange (HIE)

Strategic Plan

2018-2022 Plan (2021 Update)

Ena Backus, Director of Health Care Reform, Agency of Human Services

Emily Richards, HIE Program Director, Agency of Human Services

November 17, 2021

Overview

- **Review of Core Concepts Underpinning HIE Planning in Vermont**
- **2021 Progress & 2022 Plans Ahead**
 - HealthTech Solutions Evaluation of the HIE Plan
 - Collaborative Services Project
 - Shifts in HIE Funding
 - Governing Use of Expanded Health Records on the VHIE
 - Improving Public Health Capabilities through Integration with the VHIE
 - Leveraging the Unified Health Data Space to Support Medicaid Operations
 - Improving Access to Health Information
- **Evolution of the HIE Ecosystem**

Review of Core Planning Concepts

HIE Planning – Core Concepts

The HIE Plan covers three essential elements:

1. Vermont's specific vision and goals for the exchange of health data that express what the State aims to achieve.
2. The HIE ecosystem - the environment required for HIE to effectively function.
3. Clear objectives and tactical plans - a clear path for achieving progress toward the vision.

HIE Planning – Core Concepts

HIE System Goals

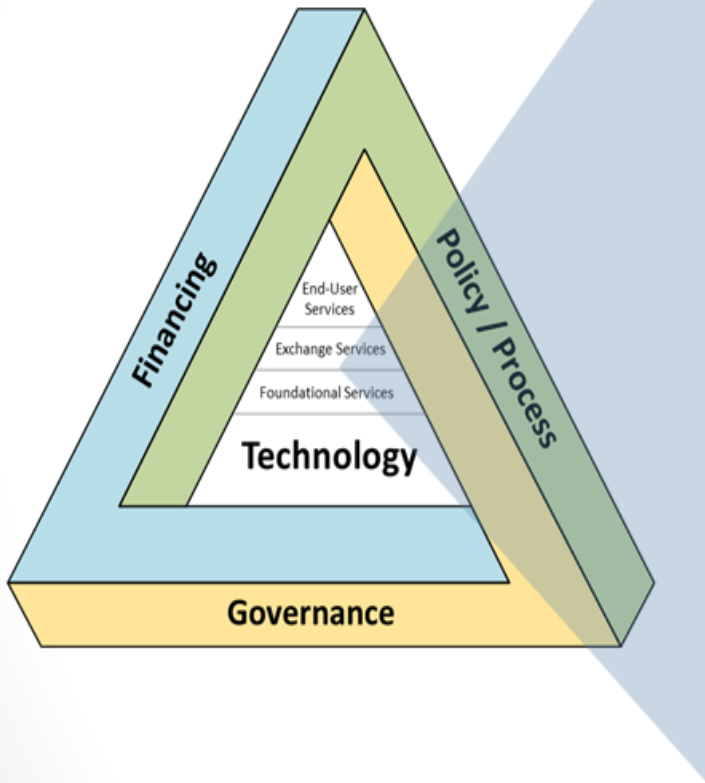
Create One Health Record for Every Person - Support optimal care delivery and coordination by ensuring access to complete and accurate health records.

Improve Health Care Operations - Enrich health care operations through data collection and analysis to support quality improvement and reporting.

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.

HIE Planning – Core Concepts

The HIE Ecosystem



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

HIE Planning – Core Concepts

The HIE Steering Committee

Name	Role	Voting
Ena Backus, AHS Office of Health Care Reform	Agency of Human Services (AHS) Chair	Voting
Josiah Mueller, OneCare VT	ACO Representative	Voting
Simone Rueschemeyer, Vermont Care Partners	Mental Health & Substance Use Representative	Voting
Georgia Maheras, Bi-State Primary Care Assoc.	Primary Care Representative	Voting
Kristin McClure, Agency of Digital Services	Technologist	Voting
Jessie Hammond, Dept. of Health	Public Health Representative	Voting
Beth Anderson, VITL	Health Information Exchange Representative	Non-Voting
Jimmy Mauro, Blue Cross Blue Shield	Payer Representative	Voting
Vacant	Consumer Representative	Voting
Emma Harrigan, VT Hospital Association	Hospital Care Representative	Voting
Vacant	Practice Innovation Lead – Blueprint for Health	Non-Voting
Kathryn O’Neill, GMCB	Green Mountain Care Board	Non-Voting
Sandy Rouse, Central Vermont Home, Health & Hospice	Home, Health and Hospice	Voting
Laura Pelosi	Long Term Care	Voting
Emily Richards, AHS	HIE Program Representative	Non-Voting

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?

Sub-Committees

The HIE Steering Committee actively leverages insights and expertise from existing groups and creates sub-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

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

How are service providers held accountable?

Performance-Based Contracts

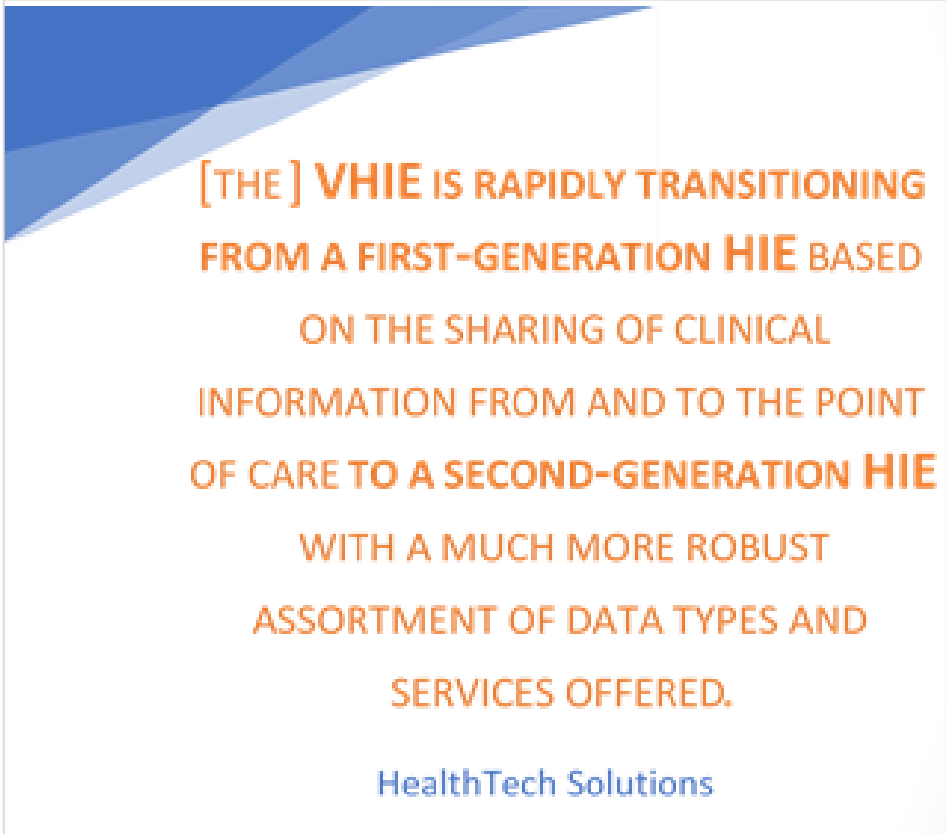
The Steering Committee sets strategy to drive investment and works with AHS and other contract owners to ensure contracts drive performance goals.

2021 Progress & 2022 Plans Ahead

HealthTech Solutions' Assessment

The national health-IT consultancy concluded that,

- The HIE Steering Committee strategy and direction is correct [for accomplishing the goals set forth in the HIE Plan];
- The Health Data Architecture and VHIE data model is appropriate for what we are trying to accomplish; and
- Stakeholder alignment is critical for success.



**[THE] VHIE IS RAPIDLY TRANSITIONING
FROM A FIRST-GENERATION HIE BASED
ON THE SHARING OF CLINICAL
INFORMATION FROM AND TO THE POINT
OF CARE TO A SECOND-GENERATION HIE
WITH A MUCH MORE ROBUST
ASSORTMENT OF DATA TYPES AND
SERVICES OFFERED.**

HealthTech Solutions

2021 Major Changes and Accomplishments

Collaborative Services Project

- The Collaborative Services Project kicked-off in 2019 with a commitment from various HIE partners to invest in improving the foundational services offered by Vermont's Health Information Exchange (VHIE) to reduce duplication and improve the quality of health records made available through the state's central health data repository.
- The VHIE has now launched new capabilities:
 - **Master Patient Index** – supporting patient-centered care by developing one record per patient through enhanced record matching capabilities
 - **Terminology Services** – automating the translation of health data into one standard “language” to enable communication across users and systems
 - **Integration Engine** – a platform for routing data and opening data to external users, including individuals seeking to access their health data
 - **Data Platform** – consolidated data system relying on a standard data model (FHIR) to enable consistent data sharing/use across systems and users and aggregation of various data types into the health record
- Medicaid claims are on the VHIE
 - AHS will rely on VHIE infrastructure to support performance management and reporting compliance

2021 Major Changes and Accomplishments

Shifts in HIE Funding

- **HITECH Act funding expired**
 - From 2013-2021, the US HITECH Act allowed Vermont to:
 - Support Medicaid providers in purchasing Electronic Health Record systems
 - Develop and enhance the Vermont Health Information Exchange system, including the Collaborative Services Project
 - Develop care coordination and analytics capacities at OneCare Vermont to support implementation of the Medicaid Next Generation Model
 - Maintain and enhance public health registries and data capabilities
 - Bolster Blueprint for Health operations with data and data services
- **The Agency of Human Services AHS secured ongoing system development funding, at a lower match rate**
 - As HITECH funding expired, the Center for Medicare & Medicaid Services (CMS) offered states the opportunity to continue health information exchange efforts through the Medicaid Enterprise Systems funding stream in service of efficient and effective Medicaid operations
- **Outcomes Based Certification of the VHIE is in process**
 - CMS now offers states the opportunity to “certify” health information exchange systems (modules) as part of the Medicaid Enterprise
 - Certification means that Vermont can request funding for operations of the VHIE
 - It may also mean that Vermont can request enhanced federal funding match rates for health information exchange projects
 - Certification may be received as early as January 2022

2022 Planned Activities

Governing Use of Expanded Health Records on the VHIE

- The expansion of data types on the VHIE (social determinants of health, claims, mental health, and substance use disorder services) creates a need for more robust, formalized data governance to ensure quality, accessibility, usability, and security of information newly aggregated by or shared through the VHIE.
- The HIE Steering Committee is committed to supporting development of functional data governance that aligns stakeholders around policies and processes that safeguard aggregation and exchange of new-to-the-VHIE data.
- Recent upgrades of the VHIE position VITL to meet data needs of customers. There is a need to enhance governance at AHS and within VITL to ensure that diversifying VITL's business model does not compromise the confidentiality, integrity, and availability of health data for the health care system.
- The Steering Committee will continually evaluate the role of the Committee itself and its relationship with the VITL Board in service of transparent planning that ensures the intent of Vermont's health information exchange legislation is met.

2022 Planned Activities

Improving Public Health Capabilities through Integration with the VHIE

- **COVID-19 Response Efforts Continue (examples)**

- Electronic Lab Reporting – connecting new labs and automating results delivery to the Department of Health (VDH)
- Syndromic Surveillance – contact tracing, modeling, etc. made possible with direct access to health records on the VHIE provider portal
- Health Disparities – amplifying VDH data through use of provider portal; plans for further evaluating data to understand disparities
- Hospital Reporting – reporting to VDH to understand usage and surge capacity; automating required emergency reporting for hospitals
- Immunization Reporting – accelerated reporting to VDH through VHIE connections; exchange from the VT Immunization Registry to the VHIE planned for 2022

- **To fully participate in the vision of a Unified Health Data Space, public health data and systems must be integrated with the VHIE**

- In 2022, AHS will partner with VITL to design a strategy for bolstering public health management through partnership with the VHIE.
- The integration strategy will consider leveraging VHIE infrastructure to enhance public health operations (an effort to reuse existing technical capabilities), incorporating public health data (e.g., immunizations, birth/death, cancer records) into the health record contained on the VHIE, and reporting for public health surveillance and monitoring.

2022 Planned Activities

Leveraging the Unified Health Data Space to Support Medicaid Operations

- **Supporting Medicaid Performance Management**

- To manage risk and the overall performance of the health plan, Medicaid needs patient-level, linked clinical and claims data.
- VT Medicaid will receive a clinical data feed to ensure people can request their health care encounter information from their insurance plan (*Federal Patient Access & Interoperability Rules*)

- **Enhancing Medicaid Providers' Ability to Collect & Share Health Data**

- A means to electronically record patient data is a prerequisite to participating in Medicaid-drive value-based purchasing models.
- Many Medicaid providers who could not take advantage of funding from the HITECH Promoting Interoperability Program (EHR Incentive Program/Meaningful Use) to digitize their health records.
- With ongoing support from CMS, the State plans to address data inequities and amplify records on the VHIE by developing a program to help additional Medicaid providers obtain electronic health record and care coordination tools and connect to the VHIE.
- In the near term, the focus of the program will align with the State's health reform efforts by targeting long-term care, home and community-based health services, mental health, and substance use disorder providers.

2022 Planned Activities

Improving Access to Health Information

- **Unprecedented shift in patient access aimed at empowering people to be active participants in their care**
 - Federal rules call for some insurance plans and providers and health information exchanges to share health records with those who request them through third-party “apps”.
 - Hospitals and health plans are also being required to share enrollment and care data with patients and amongst themselves to improve care through better coordination and reduce administrative duplication.
- **Provider portal improving to better meet needs at the point of care**
 - VITL will soon launch a new provider portal which is anticipated to offer providers easier-to-use, more robust access to patient records in real time to positively impact care quality.

Interoperability Rules

1. Office of the National Coordinator:
21st Century Cures Act Final Rule
2. Center for Medicare & Medicaid Services (CMS): **Interoperability & Patient Access Final Rule**



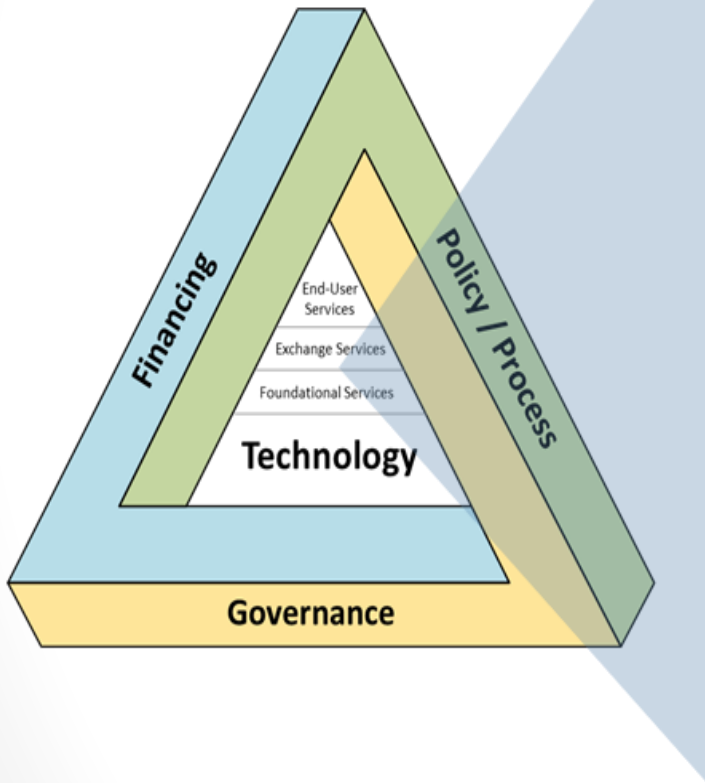
Shared
Goal

Putting the patient at the center of health care by driving interoperable systems that open a window to individual's health information.

Health Information Exchange Ecosystem

HIE Planning – Core Concepts

The HIE Ecosystem



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

Vermont's HIE Governance Structure

2021 Steering Committee Progress

- **Collaborative Services Subcommittee** formed to (1) provide strategic insight to VITL as they progress on the Collaborative Services Project and (2) provide a project assessment and recommendation to the Steering Committee to enable their evaluation of this strategic effort to solidify the foundation of the VHIE to benefit its many users. The Committee continued to stay apprised of implementation of the Collaborative Services Project technologies.
- **Connectivity Criteria Subcommittee** – supported VITL in reviewing and updating the criteria and added claims types to the Criteria to ensure standard exchange of this data type through the VHIE.
- **Interface Prioritization Subcommittee** – expanded the scoring matrix for the annual selection of connectivity priorities to include additional data sources and to comply with data sharing standards (FHIR).
- **Claims Subcommittee** – articulated use cases for an integrated clinical and claims data set in service of DVHA's payment reform efforts, Medicaid and BlueCross BlueShield operations, OneCare Vermont's implementation of the All-Payer Model, the Blueprint for Health Program and field services, Bi-State for Health's FQHC data analytics services, and the Green Mountain Care Board's evaluation and reporting obligations.
- **PartII+ Group** – continued their work to gather stakeholder input on the development of universal policies and procedures for sharing data governed by 42 CFR Part 2 (substance use disorder data), and other sensitive data types.

Vermont's HIE Governance Structure

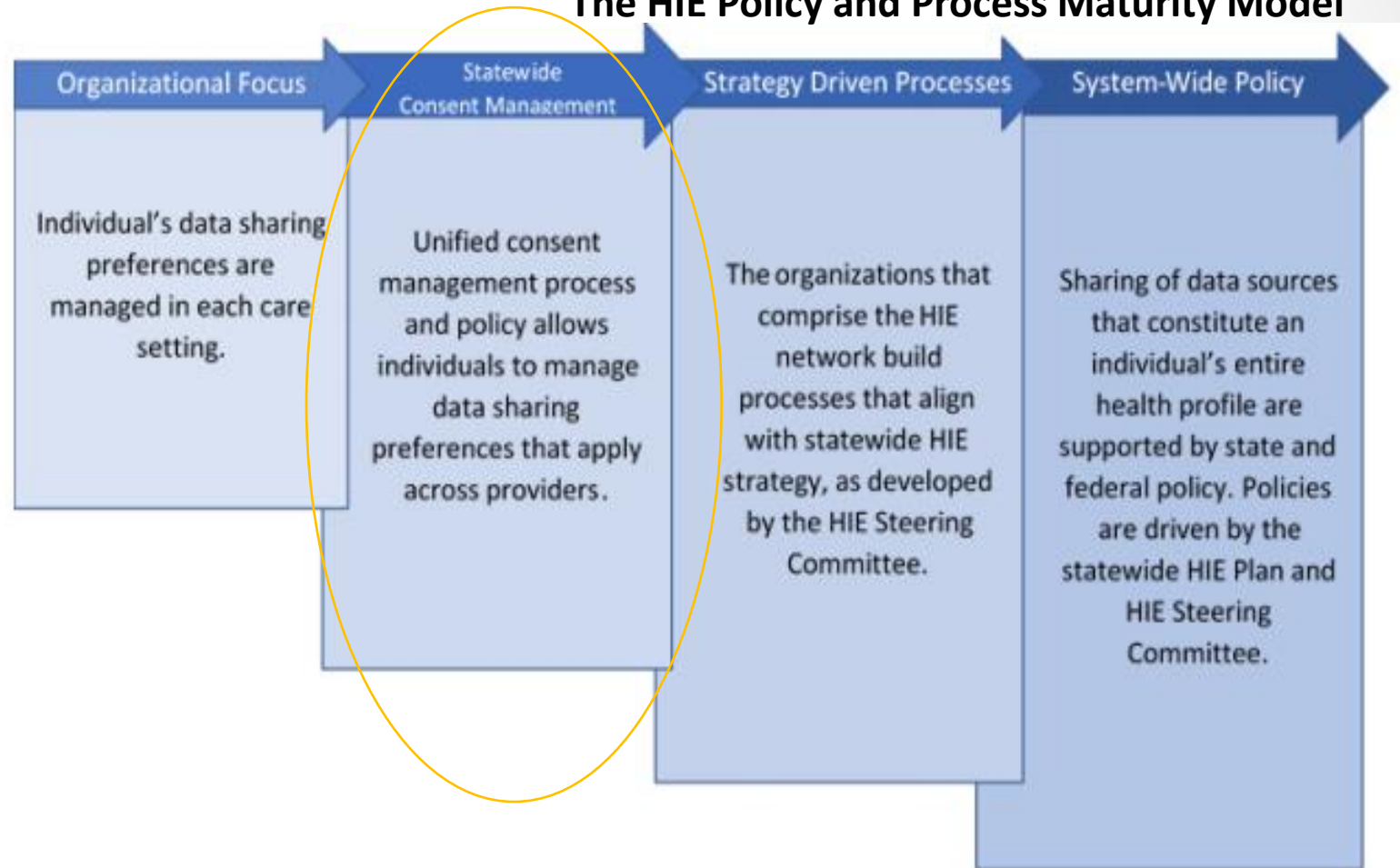
2022 Steering Committees

- **Connectivity Subcommittee** – combining the work of the Interface Prioritization Subcommittee, to prioritize connections to the VHIE, annually, and the Connectivity Criteria Subcommittee, who sets standards to ensure quality of data exchanged through the VHIE.
- **Population Health Subcommittee** (*New*) – focusing on developing a stakeholder informed data governance model for the aggregation and exchange of SDoH data on the VHIE and prioritize SDoH data exchange initiatives. The subcommittee will build on work done under a grant supporting the exchange of SDoH data between AHS and OneCare Vermont and AHS' efforts to share SDoH data with the VHIE.
- **PartII+** – continuing to engage stakeholders in the plans for managing substance use disorder data and other sensitive data types on the VHIE; work is contingent on changes introduced by the CURES Act.
- **Claims Pilot Subcommittee** – continuing to meet to guide implementation of efforts to aggregate and utilize claims data on the VHIE. Note: Medicaid claims data is now on the VHIE.
- **Medicaid Data Aggregation & Access Program Subcommittee** (*New*) – aiding the State in designing a program to onboard Medicaid providers to digital health record systems or care coordination or referral tools, which will ultimately be connected to the VHIE.

HIE Ecosystem: Policy

- Vermont’s law on immunization records was amended to allow immunization record sharing from the Department of Health’s Immunization Registry to the Vermont Health Information Exchange
- Federal laws directing patient access and health record exchange continue to evolve
- In development: policies and processes to enable use of “clinically sensitive data” and Social Determinants of Health data on the VHIE

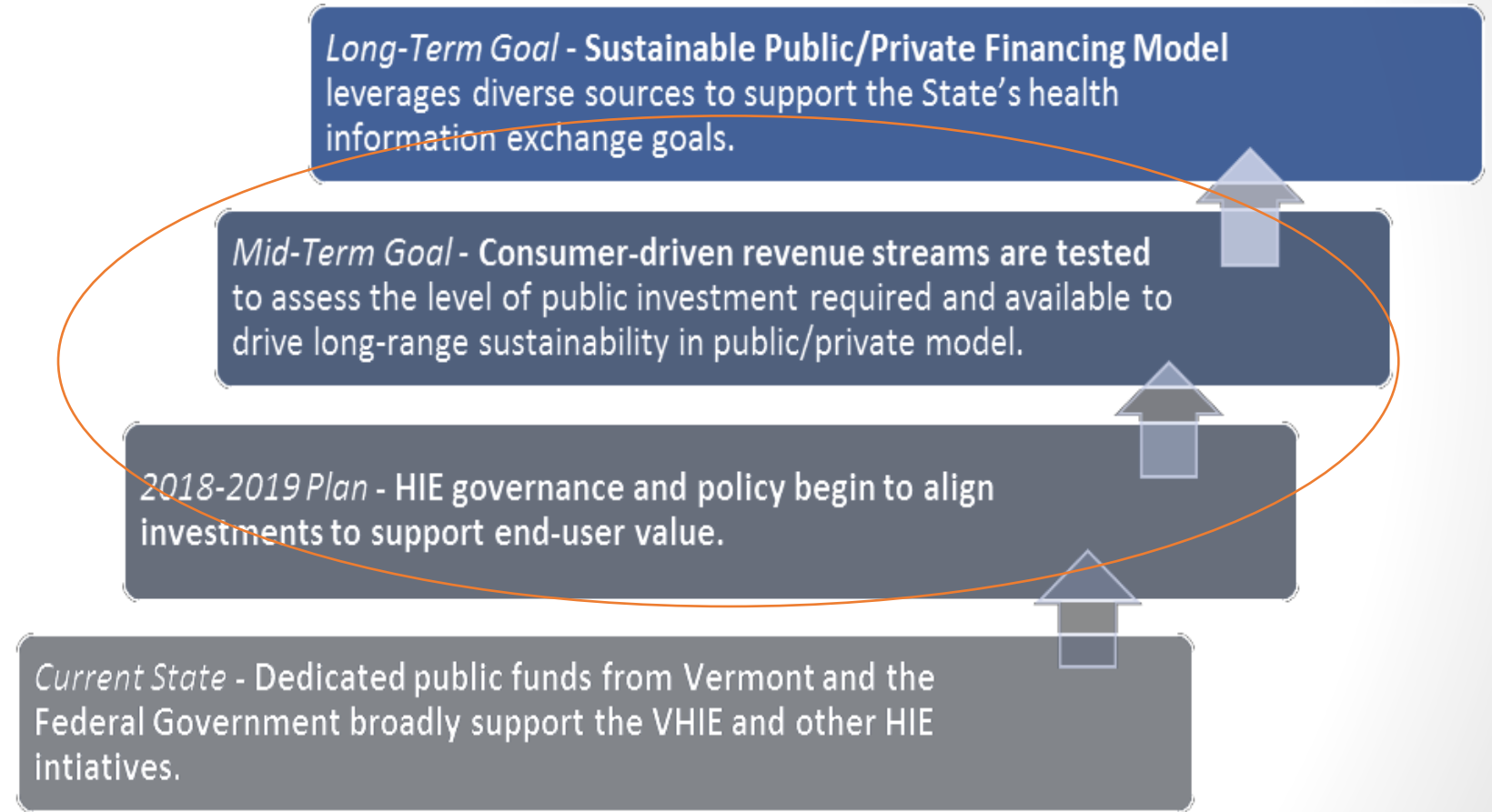
The HIE Policy and Process Maturity Model



HIE Ecosystem: Finance

- US HITECH Act funding has provided federal investment in Vermont's HIE efforts since 2011. The Act expired in September 2021.
- CMS offered states a way to continue to receive federal investments for this work, but the federal investment ratio is less.
- Outcomes Based Certification offers Vermont an opportunity to obtain ongoing maintenance funds for the VHIE and other systems.
- The Steering Committee supports an extension of the HIT Fund.
- The Collaborative Services Project is expected to position the VHIE to provide demand-driven services. AHS has begun to take advantage of data services from VITL.

HIE Financing Maturity Model



HIE Ecosystem: Governance

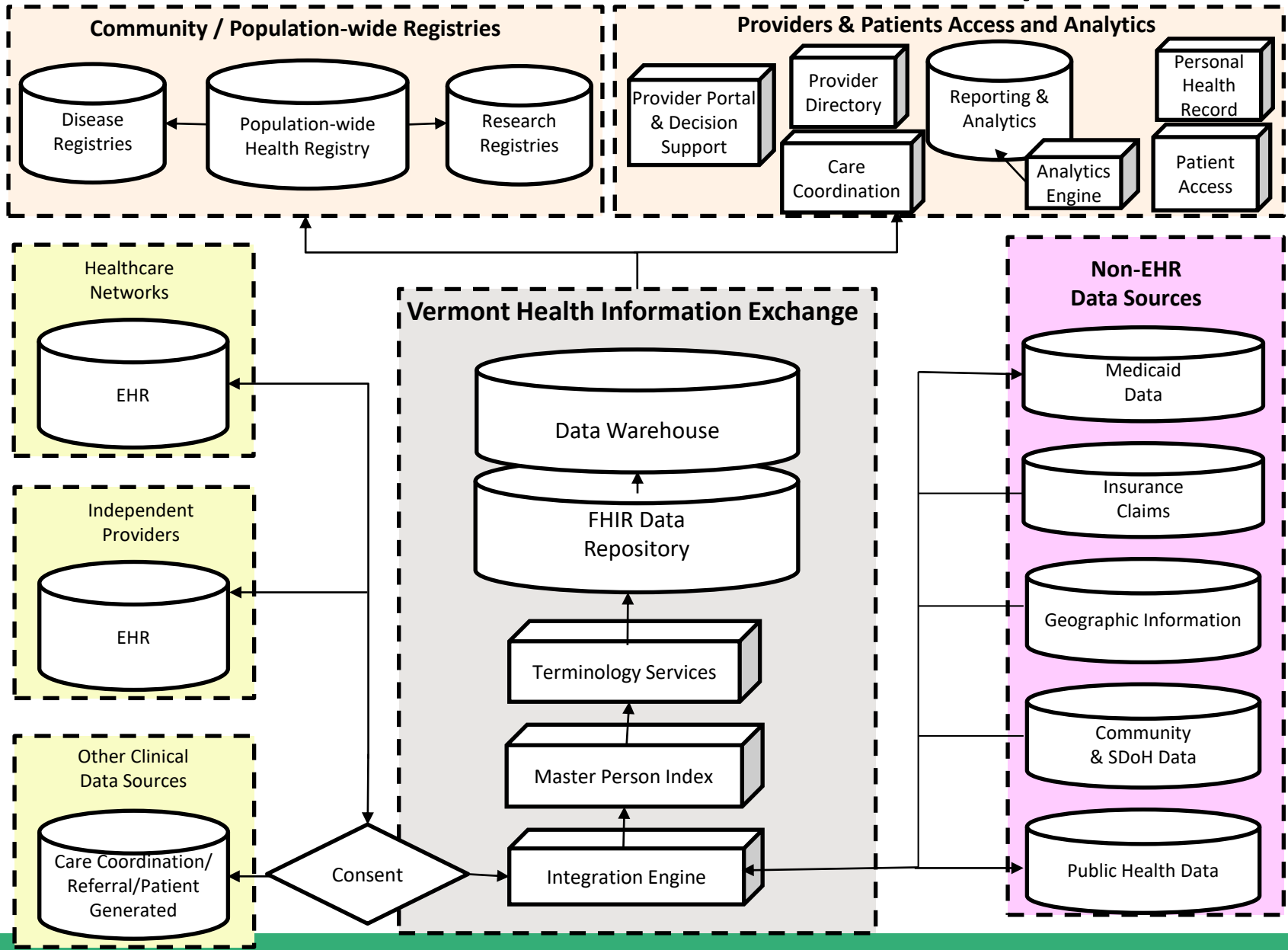
A Note on Data Governance

VITL does not own health data, rather it acts as a custodian of health data that originates from various sources, which is why a comprehensive, and well understood, data governance effort is so important. The Steering Committee is responsible for uniting data governance concepts across the work of subcommittees.

Attribute	Description
Availability	The data must be available to the applications of all HIE users when needed
Accessibility	The agreement must ensure that the data is accessible, regardless of the application used
Interoperability	The data must be both semantically and syntactically interoperable across systems
Auditability	There must be a trail of the data from its source to its destination
Quality	The data must be accurate and complete
Security	The data must be kept secure

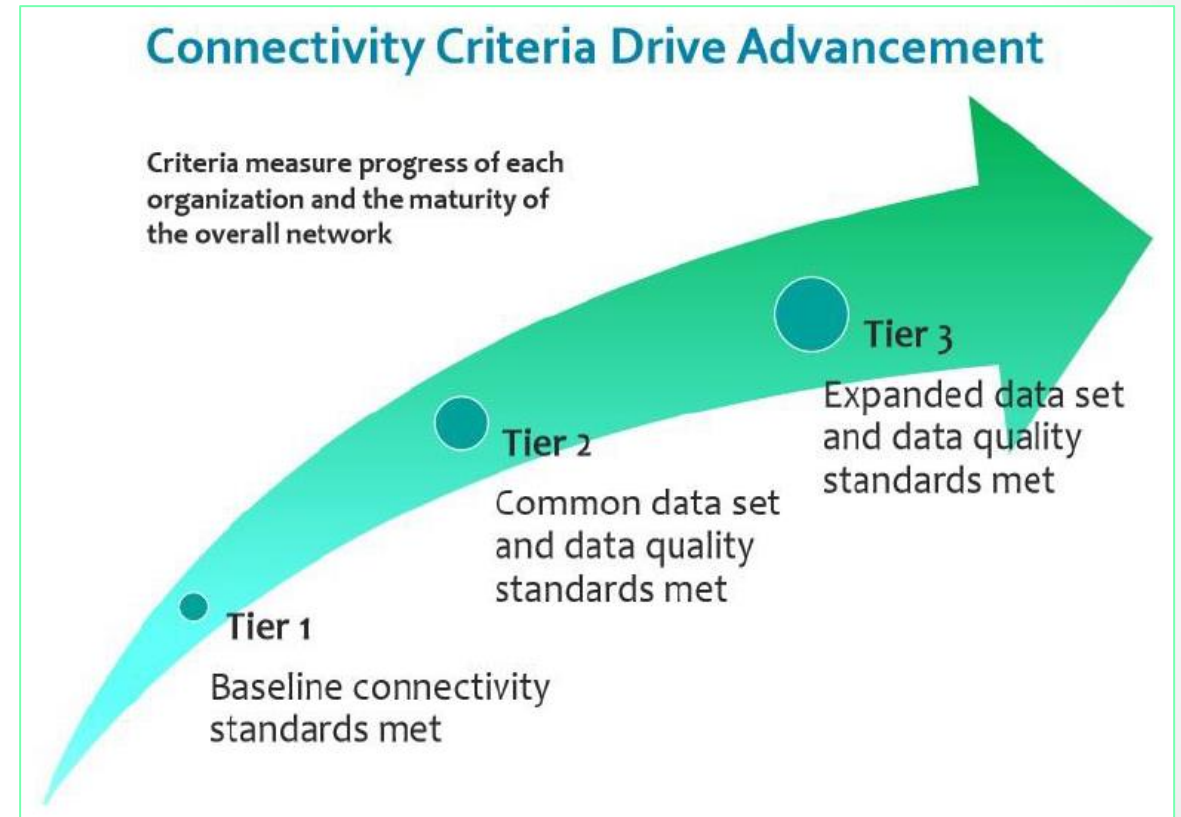
Figure 7: Key Attributes of Data Governance

Vermont's Unified Health Data Space



2021 Connectivity Criteria Update

- The Connectivity Criteria establishes the standards for creating and maintaining connectivity to the VHIE
- The Connectivity Criteria is intended to build on currently established industry and federal standards e.g., US Core Data for Interoperability (USCDI)
- A core group of data users, the Connectivity Criteria subcommittee, aid VITL in updating the Criteria annually
- Mental health, behavioral health and claims data elements were added to the Criteria to expand data sources on the VHIE
- VITL works with health care organizations to ensure compliance with Criteria (workplans, certification)



Questions?