

VHIE Connectivity Criteria

November 13, 2019

VHIE Connectivity Criteria Approval

- Establishes the conditions for health care organizations to connect to the Vermont Health Information Exchange (VHIE) that will apply for 2020
- The Connectivity sub-committee was created in 2019 and has made recommendations for updates to the Criteria
- Approved updates were incorporated into the State HIE Plan by DVHA
- The State HIE Plan will be reviewed and approved by the GMCB in November

VHIE Connectivity Criteria Update Process

- The Connectivity sub-committee consists of members from VITL, Blueprint, DVHA, OneCare Vermont, Vermont Care Partners, a consumer advocate, the hospital association, Bi-State and the Vermont Chronic Care Initiative
- The sub-committee was created and met multiple times in 2019 to identify areas that needed updates based on program needs and the use of the criteria during 2019
- The group tried to align the Criteria with the program needs and the Office of the National Coordinator (ONC) United States Core Data Interoperability (USCDI) data set
- The Criteria are mainly focused on Primary Care measures now
- Discussion was held about the need for differing criteria for specialty programs like women's health or behavioral health. These will be investigated by the group in 2020

Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network



Tier 1

Baseline connectivity standards met



Tier 2

Common data set and data quality standards met



Tier 3

Expanded data set and data quality standards met

Evolution of the Criteria

Existing Criteria	Revised Criteria
Created in 2018 for application in 2019	Connectivity sub-committee engaged in 2019 to update Criteria based on experience and utilization in 2019
Tier 2 defined with optional elements	Data Prevalence was evaluated for 2019 Tier 2 criteria to help in decision making for 2020. Tier 2 was updated to reflect additional key common data elements for health reform program requirements and to move some elements to Tier 3
Tier 3 not defined yet	Tier 3 defined to support the health reform program requirements and the U.S. Core Data for Interoperability (USCDI) elements
Customer and stakeholder education to help them understand how the criteria are applied, the benefits and the outcomes in achieving the criteria.	Updated documentation based on feedback from Customers and Stakeholders who have been through the process.

Recommended Updates to the Criteria

Existing Tier 2 Criteria	Revised Tier 2 Criteria
5 Immunizations	10 new Immunizations added to align with stakeholder program needs (HiB, Hep A, Hep B, DTap, Tdap, Rotavirus, MCV4, Men B, IPV, and HPV)
Servicing Provider NPI	Added Assigned Provider NPI and sending facility
9 diagnostic results	3 new diagnostic results added to align with stakeholder program needs (fasting blood glucose, Lyme disease test, and cervical cancer screening HPV test)
9 problems	5 new problems added to align with stakeholder program needs (COPD, stroke, anxiety, depression, tobacco use including nicotine)
5 procedures	2 new procedures added to align with stakeholder program needs (cervical cancer pap and Ultrasound or CT for cancer)
3 screenings	2 new screenings added to align with stakeholder program needs (substance use disorder and breast cancer)
No Hospital encounters	3 new inpatient encounters were added for Hospital Admissions, Discharges and Transfers
10 vital signs	2 vital signs for Body Temperature and Inhaled Oxygen Concentration were moved to Tier 3