



VITL Quarterly Report and Presentation to the Green Mountain Care Board

February 14, 2023



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Program Highlights

Program Highlights

VITL is mid-way through our FY24 State contract, making progress on a large set of design, development, and installation projects in addition to maintaining and operating the Vermont Health Information Exchange.

The following slides offer information about a few of the many projects that are underway:

Race, Ethnicity, and Language Data Completeness Feedback to Providers

- Data about Vermonters' race, ethnicity, and language is essential to understanding health inequities, and effectively targeting improvement strategies and resources
- VITL is working with the Vermont Department of Health to design and prototype **tools to help data contributors understand the quality of the race, ethnicity, and language data that they are sending** to the Vermont Health Information Exchange
- The reports will be sent to data contributors and will communicate:
 - How many patients a practice is sending VITL data for,
 - What proportion of those patients had race, ethnicity, and language information present in the contributor's data feed, and
 - Whether the data was usable, meaning sent in or mapped to health data standards
- These reports will be supported with handouts and a webinar about why this data matters and how it is used by the Vermont Department of Health to advance health equity, best practices for documenting and sharing this data, and opportunities for improving data completeness and quality

Integrating New Data Types – Social Determinants of Health Data

- The State Health Information Exchange Strategic Plan aims for **integration of more data about Social Determinants of Health (SDOH)**, from both health care organizations and State-based programs
- VITL's work under this year's State contract includes designing and implementing an approach for ingesting SDOH data from Vermont's care management program for Medicaid members – the Vermont Chronic Care Initiative (VCCI)
- This data will come from the Agency of Human Services' SDOH General Assessment Form and New to Medicaid Survey, completed by VCCI clients
- Work around data governance related to SDOH data is underway, to ensure data is protected and shared appropriately
- VITL is developing requirements for design of a security model that supports security and privacy requirements for sensitive data and new data types that will be collected in the Vermont Health Information Exchange

Immunization Registry Query and Response Service

VITL continues to develop connections between health care organizations and the Vermont Immunization Registry. VITL partnered with the Vermont Department of Health to launch and roll out the **Immunization Query and Response service** in 2023. This service:

- Enables providers to pull their patients' immunization histories, and forecasts of future immunization needs, directly into their EHRs
- Adds to the ways VITL makes Vermont Health Information Exchange data available where it is most valuable to providers – in their own EHRs
- Is live at 4 health care organizations – a hospital, two independent pediatric practices, and an independent primary care group
- Is currently being implemented at 13 additional health care organizations

Application Programming Interfaces

- VITL's work this contract year includes **implementing an application programming interface (API) gateway** – a secure endpoint and identity access management platform
- This work is in alignment with the Office of the National Coordinator for Health Information Technology (ONC) 21st Century Cures Act and federal interoperability rules
- The API gateway will make it possible to receive FHIR data in the Vermont Health Information Exchange via API, and make data from the Exchange available via API, enabling new uses
- Possible future uses include ingesting patient-generated data, and making data available for patients to access in their health apps of choice
- The associated identity and authentication management platform will also enable a single sign on service, enabling providers at participating organizations to log in to the VITLAccess clinical portal directly from their EHRs

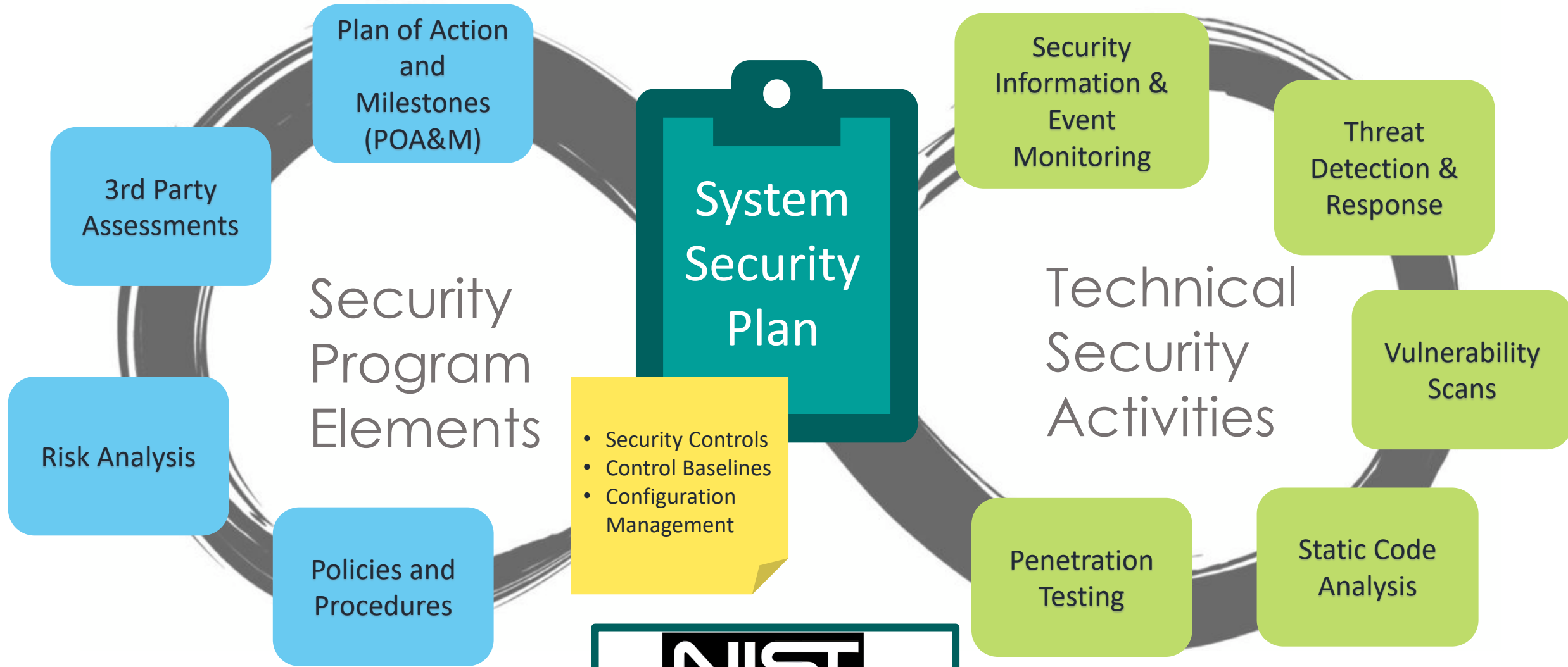
Patient Education Update

Patient Education

- VITL's fall 2023 education campaign utilized a broad range of media to reach more Vermonters across ages, locations, and media habits. The campaign ended in December, after sharing educational messages via:
 - Social media, including Instagram and Facebook
 - Vermont Public, via a radio sponsorship message
 - Commercial [radio message](#) – this was a new medium for VITL, used for its broad reach and longer format (30 seconds) which enabled us to convey more information about how and why health data is shared
 - VTDigger [sponsored news story](#) – another new medium that offered more in-depth content for deeper education
- VITL continues to encourage provider organizations to help educate Vermonters about health data sharing, and supports them with an [education toolkit](#) and a section of [vitl.net](#) specifically for patients
- VITL is currently planning our next education campaign including expanded outreach to individuals who speak languages other than English

Security Update

Security Update – System Security Planning



Financial Update

Balance Sheet - December 2023

ASSETS

Current Assets

	Dec. 2023
Cash	7,614,587
Billed Receivable	50,813
Unbilled Receivable	1,518,509
Unfulfilled Contract Costs	424,001
Other Current Assets	185,483
	<u>9,793,393</u>

Non Current Assets

Fixed Assets	359,881
Accumulated Depreciation	(313,532)
Other Non Current Assets	3,510
	<u>49,859</u>

Total Assets	9,843,252
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LIABILITIES & EQUITY

Current Liabilities

Accounts Payable	615,206
Accrued Expenses	430,027
Deferred Revenue	2,093,337
Loss Provision	642,129
	<u>3,780,699</u>

Retained Earnings

Retained Earnings	6,062,553
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Total Liabilities & Equity	9,843,252
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- Billed and unbilled receivables total \$1.57 million, primarily representing November's and December's work
- Accounts payable represent about 32 days of budgeted non-personnel expense

Statement of Activities - December 2023

	YTD Actual Results Dec 2023	YTD Budget Dec. 2023	YTD Budget Variance
Revenue			
Contract Revenue	3,933,922	5,901,063	(1,967,141)
Program Fees	76,205	70,255	5,950
Other Income	86,687	30,000	56,687
Total Revenue	4,096,814	6,001,318	(1,904,504)
Personnel Costs			
Salaries & Wages	1,186,101	1,425,681	(239,580)
Fringe Benefits	496,980	603,063	(106,083)
Total Personnel Costs	1,683,081	2,028,744	(345,663)
Materials/Serv Expenses			
Network Expenses	190,578	290,361	(99,783)
Software	992,408	1,298,101	(305,693)
Outside Support	1,074,668	1,466,773	(392,105)
Education & Outreach	80,485	94,950	(14,465)
Travel	8,265	36,050	(27,785)
Supplies	2,291	12,975	(10,684)
Occupancy	13,166	13,376	(210)
Telecom	14,261	13,520	741
Insurance	74,166	72,845	1,321
Other	28,300	85,000	(56,700)
Training/Prof. Develop.	29,580	118,294	(88,714)
UFF Contract Costs	31,454	0	31,454
Loss Provision	0	0	0
Total Materials/Serv Expenses	2,539,622	3,502,245	(962,623)
Total Expenses	4,222,703	5,530,989	(1,308,286)
Change in Net Assets	(125,889)	470,329	(596,218)

Overall, we are projecting an operational surplus of about \$335,000, as compared to the budget of about \$100,000, though a number of DDI projects have not yet started and their associated expenses may differ from the current projection.

Revenue

Year-to-date revenue is below what was budgeted for FY24, driven by the timing of projects relative to what was projected last spring. DDI revenue collection and revenue recognition will be shifted to later in the year. Through December, we have recognized \$566,000 of revenue related to DDI projects.

Overall, we expect total revenue to be two to three percent less than what was budgeted, as some DDI work will not be completed by year-end. We have also paused providing services to One Care Vermont, as we work together to develop a plan for supporting OCV's data needs in their new platform. This had been anticipated in the budget by a revenue contingency line. The anticipated reductions in revenue are partially offset by higher-than-expected interest income.

Expenses

Expenses through December are less than budgeted. In many cases, this is because the budget is spread evenly throughout the year, but certain costs occur on a less frequent basis and have not yet been incurred. Additionally, some costs have been pushed further out in the year as DDI work is ramping up later in the year.

For the year, we are projecting savings in personnel costs due to the timing of filling vacant positions, though those savings will be somewhat offset by contract staff engaged to continue work. We also anticipate that software costs will be below budget, though costs associated with work to occur in the second half of the year may impact this.

Statement of Cash Flows – December 31, 2023

Cash Flows from Operating Activities

Cash receipts:

Contracts	5,022,758
Programs	100,256
Interest Income & Other	86,686

Total	<u>5,209,700</u>
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Cash disbursements:

Health Catalyst/Verato/Medicasoft	(512,582)
Collab Services - Cureous, Consultants	(1,397,887)
Payroll (Net Pay & PR Taxes)	(1,382,173)
Fringe Expense	(338,895)
All Other	(885,763)

Total	<u>(4,517,300)</u>
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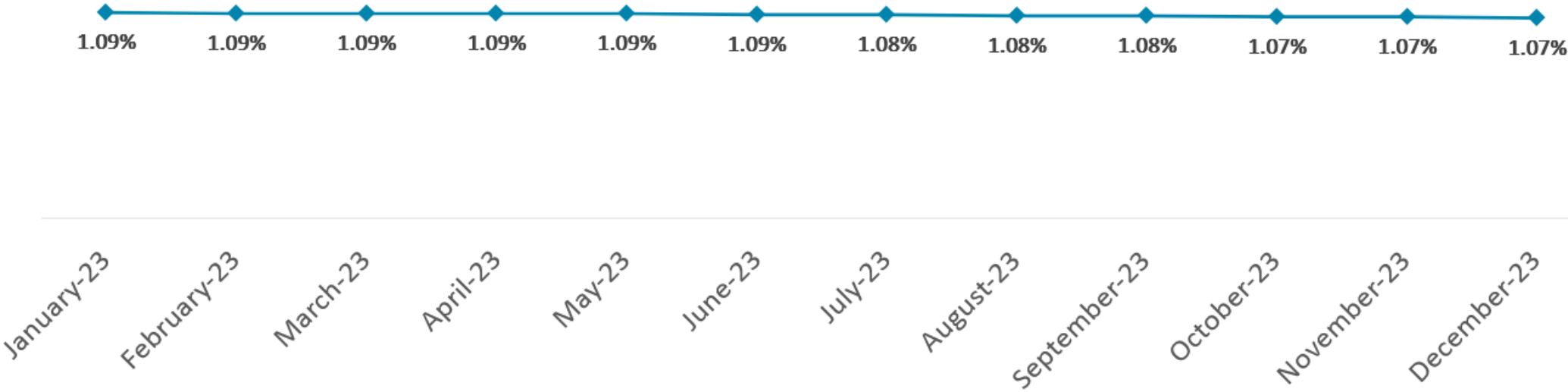
Cash Flow increase / (decrease)	<u>692,400</u>
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Cash Balance as of June 30, 2023	<u>6,922,187</u>
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Cash Balance as of December 31, 2023	<u><u>7,614,587</u></u>
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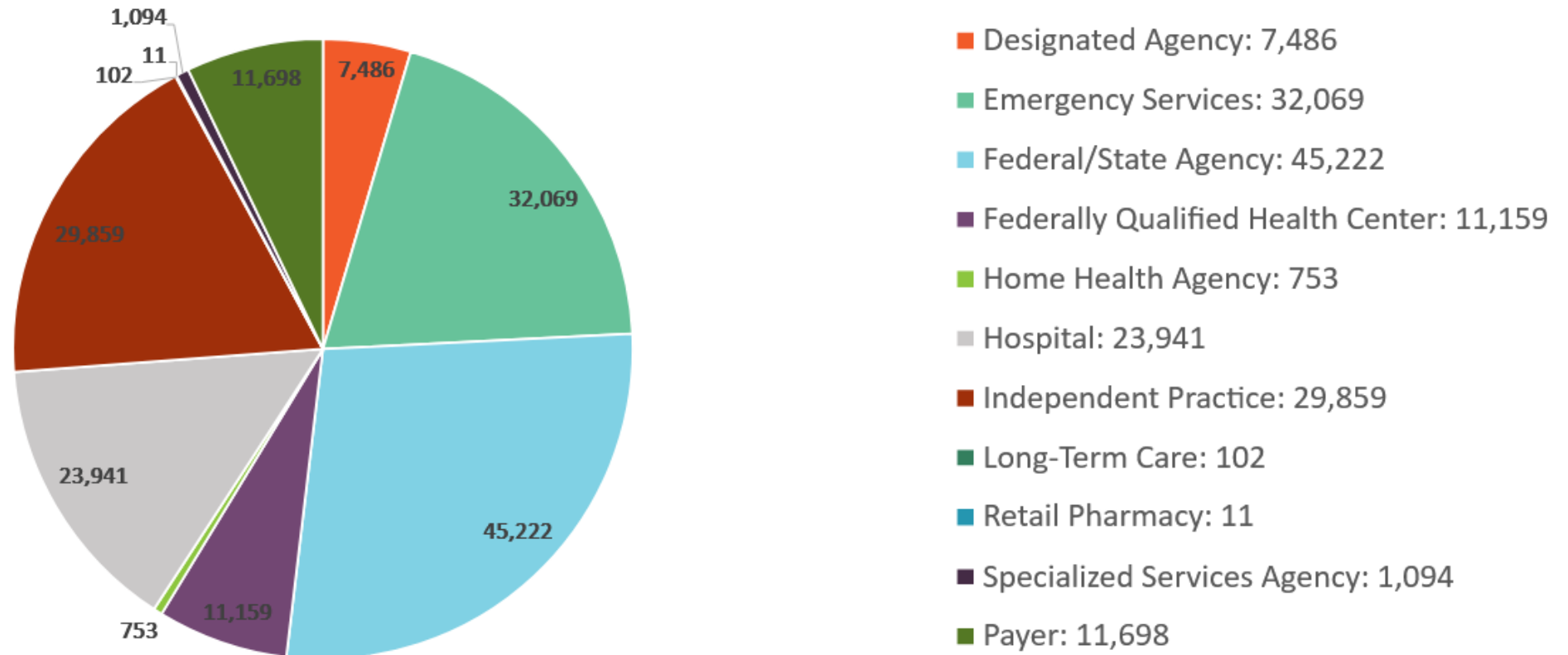
Quarterly Metrics

Percent of Vermont Patients Opted Out of the Vermont Health Information Exchange

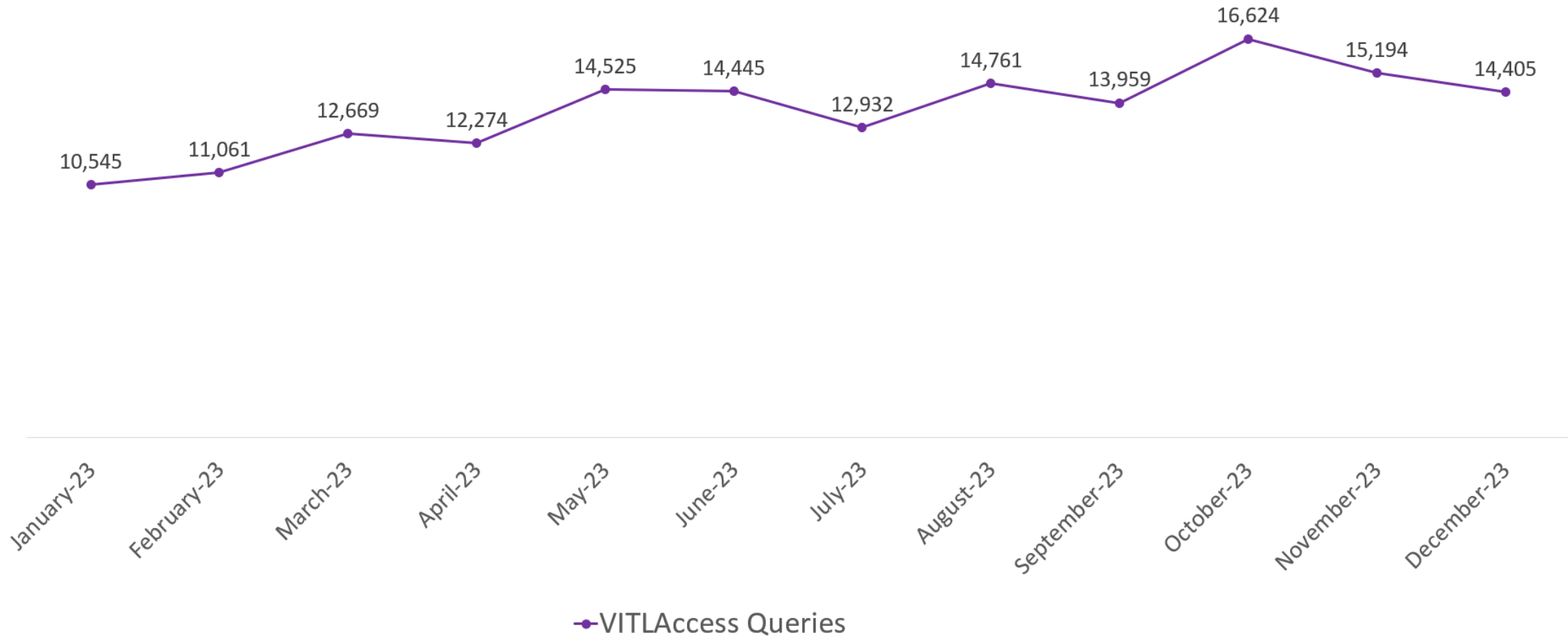


VITLAccess Queries by Organization Type

January 2023 - December 2023



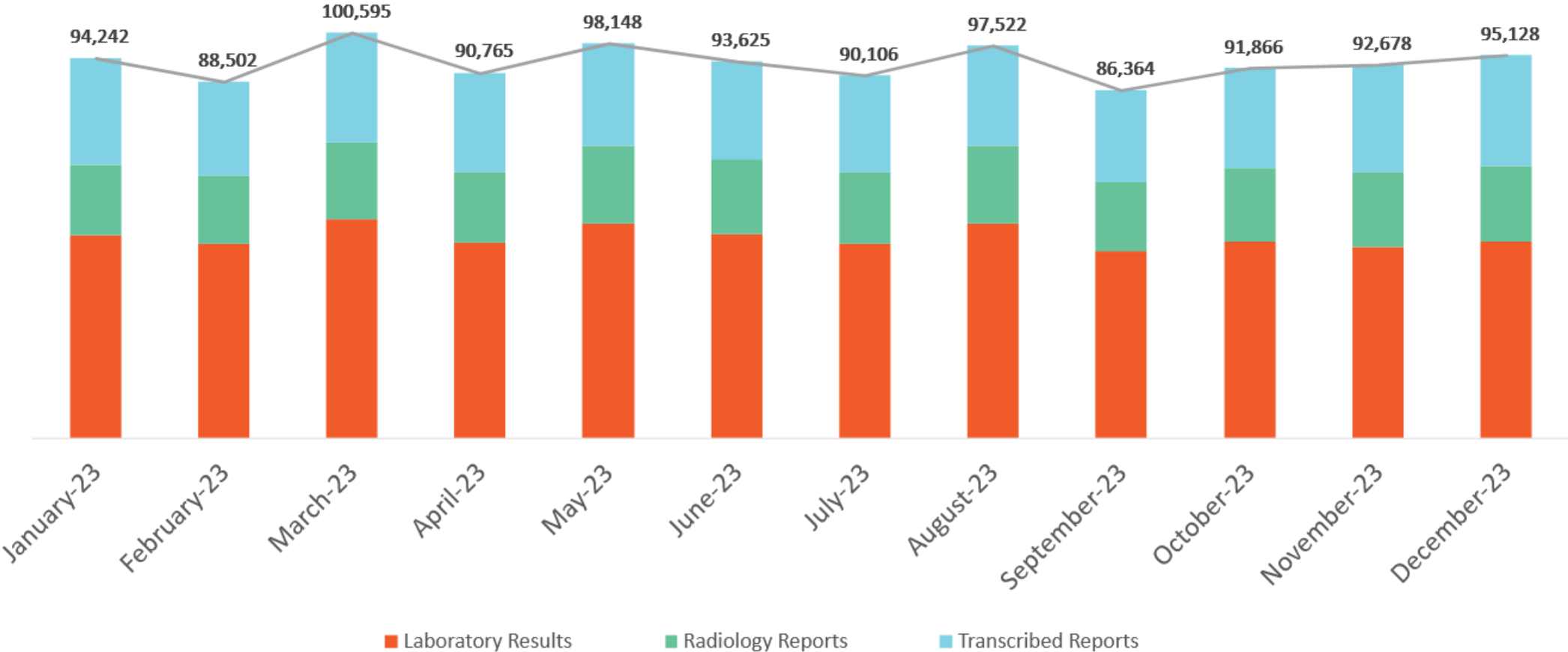
VITLAccess Queries by Month



Queries of the VHIE via eHealth Exchange

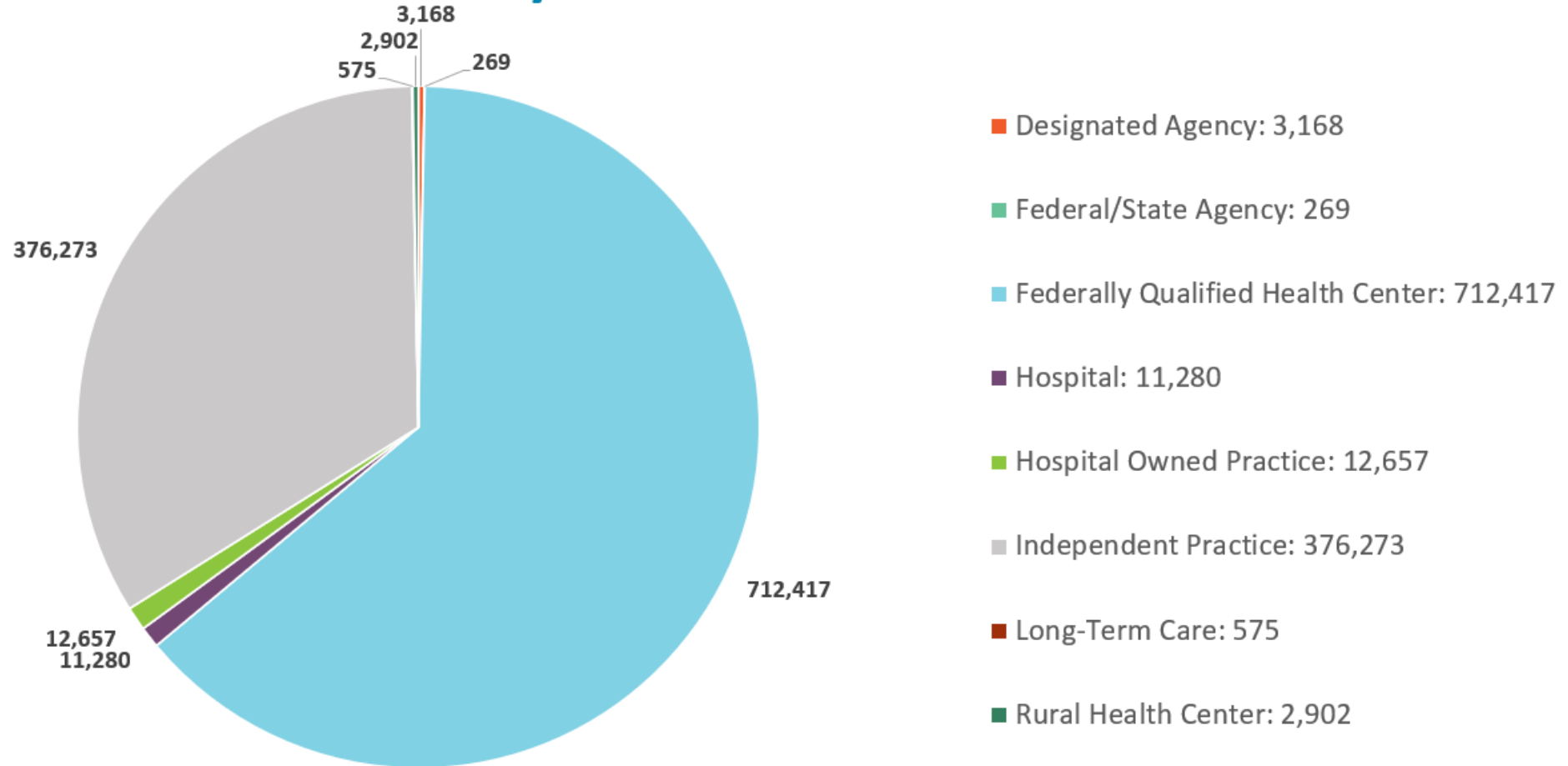
- ehealth Exchange point-to-point connections were decommissioned during the VITL platform transition, eHealth Exchange policy requires any new connections be made through the Hub model
- VITL is now able to build new Hub connections and is working with UVMHN to complete their connection and beginning work with the VA / DoD to build and test a connection with them

Results Delivery by Result Type



These results are delivered into the EHRs of 610 health care providers

Results Delivered by Receiving Organization Type January 2023 - December 2023



Abbreviations List

Abbreviations Frequently Used

VITL and Our Work

HIE: Health Information Exchange

HDU: Health Data Utility

VHIE: Vermont Health Information Exchange

VITL: Vermont Information Technology Leaders, Inc

Technology and Standards

API: Application programming interface – a connection between computers or between computer programs

FHIR: HL7's Fast Healthcare Interoperability Resources data standard

EHR: Electronic Health Record

IMR: Vermont Department of Health's Immunization Registry

Financial Terms

CY: Calendar Year

DDI: Design, Development, and Installation

FY: Fiscal Year (begins July 1)

M&O: Maintenance and Operations

Partners and Programs

AHS: Vermont Agency of Human Services

CMS: Centers for Medicare and Medicaid Services

DVHA: Department of Vermont Health Access

MDAAP: Vermont's Medicaid Data Access & Aggregation Program

MDLAS: Medicaid Data Lake and Analytic Solution

OCV: OneCare Vermont

ONC: Office of the National Coordinator for Health Information Technology

SoV: State of Vermont

VDH: Vermont Department of Health

VA / DoD: Department of Veterans Affairs / Department of Defense