

# **2020 Update to the Health Information Exchange Strategic Plan**

## **2021 Connectivity Criteria**

Staff Recommendation

Sarah Kinsler

December 2, 2020

# Process Reminder

- **November 2:** DVHA submitted HIE Plan to GMCB
- **November 4-November 30:** HIE Plan posted; special public comment period
- **November 18:** DVHA and VITL present HIE Plan and Connectivity Criteria; GMCB staff review
- **December 1:** DVHA resubmitted HIE Plan to GMCB with minor edits
- **December 2:** Final staff recommendation to GMCB on HIE Plan and Connectivity Criteria votes; potential votes

# Resubmitted HIE Plan

- Following Board discussion on 11/18 and 11/25, DVHA resubmitted the HIE Plan with minor changes in four areas

# Health Information Exchange (HIE) Strategic Plan *2018-2022 Plan (2020 Update) – Revision*

Emily Richards, HIE Program Director, Agency of Human Services  
December 2, 2020

# Revised Submission

- **Reference to New Federal Rule on Price Transparency**
  - Three recently released rules require health system actors to share personal health records and claims data (when requested by a patient) and the costs of specific medical services
  - As a result, new apps could provide people with an unprecedented look at their health information
- **Note on Timing of New Data Integration Efforts**
  - Displayed project timelines are expected to shift to better align with existing efforts
- **Clarification on Next Steps for Social Determinants of Health Data**
  - The Population Health Subcommittee will work to enable data governance policies that treat new-to-the-VHIE data with a minimum of the same confidentiality measures applied to current health data on the VHIE
- **Updates to the Protocols for Access to Protected Health Information on VHIE**
  - Greater clarity added to the description of when a Public Health Authority may access health data

# Suggested Principles for HIE Plan Review

1. Is the HIE Plan consistent with the requirements of V.S.A. 18 § 9351?
2. Is the HIE Plan consistent with the Principles for Health Care Reform in V.S.A. 18 § 9371, and will it help achieve the State's health reform goals?
3. Is the HIE Plan consistent with other relevant legislation? *Note: N/A for 2020.*
4. Does the HIE Plan incorporate national best practices and expertise as well as feedback from Vermonters, including key HIE constituents (VITL, State of Vermont HIE stakeholders, and other private HIE providers), health care providers, and individuals seeking care?

# Suggested Principles for Connectivity Criteria Review

1. Are the proposed Connectivity Criteria in alignment with HIE Plan goals, and will they support implementation of the HIE Plan and achievement of the State's health reform goals?
2. Are the proposed Connectivity Criteria sufficiently clear to be operationalized by VITL, the State of Vermont, and health care provider organizations?

# Public Comment

- Two verbal public comments at 11/18 public meeting:
  - Role of VHIE data in contact tracing
  - Restrictions on sharing sensitive data when inputted by a primary care provider (or other provider not subject to 42 CFR Part 2)
- Written public comment:
  - [Bi-State Primary Care Association](#) (11/11)



# Staff Recommendation

- Staff recommend approving the 2020 Update to the Health Information Exchange Strategic Plan as resubmitted on December 1.
- Staff recommend approving the 2021 Connectivity Criteria as submitted in the 2020 Update to the Health Information Exchange Strategic Plan on December 1. *(NOTE: No changes from original submission)*

# Reference Slides

GMCB Oversight of HIT/HIT

Principles for HIE Plan and Connectivity Criteria Review

Staff Assessment of 2020 Update to the HIE Plan and 2021  
Connectivity Criteria

# GMCB Oversight of HIT/HIE



- **Review and approve Health Information Technology (HIT) Plan – now known as the Health Information Exchange Strategic Plan (HIE Plan)**
  - 18 V.S.A. § 9375: The Board is charged to review and approve Vermont’s statewide HIT Plan “to ensure that the necessary infrastructure is in place to enable the State to achieve the principles expressed in section 9371 of this title [Principles for Health Care Reform].”
  - 18 V.S.A. § 9351(a): The HIE Plan “shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients” and “shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.”
  - DVHA is required to revise the HIE Plan annually, with a comprehensive update every 5 years; this is the second annual update to the 2018 HIE Plan.

# GMCB Oversight of HIT/HIE



- **Review and approve Connectivity Criteria**

- Under 18 V.S.A. § 9352(i)(2), Vermont Information Technology Leaders (VITL) must “establish criteria for creating or maintaining connectivity to the State’s health information exchange network” and provide those criteria to the Board by March 1 each year. The Board approved 2020 Connectivity Criteria in November 2019.

# Assessing the 2020 Update to the HIE Plan

## 1. Is the HIE Plan consistent with the requirements of V.S.A. 18 § 9351?

V.S.A. 18 § 9351 (b) describes requirements for the Health Information Technology Plan, including supporting “effective, efficient, statewide use of electronic health information” for a variety of purposes; educating providers and the public; supporting interoperability; proposing strategic investments in technology and infrastructure; recommending funding mechanisms; incorporating existing initiatives whenever possible; integrating with the Blueprint for Health and Medicaid information technology systems whenever possible; and addressing issues related to governance and security.

V.S.A. 18 § 9351(a)(3) also specifies that the VHIE is to use an opt-out consent model beginning in March 2020.

- As submitted, the 2020 update to the HIE Plan meets each of these criteria. The HIE Plan approved in 2018 focused on setting a groundwork for thoughtful investment; the updated Plan describes major steps forward in Foundational and Exchange services through the Collaborative Services Project, incorporate of the Blueprint for Health’s Vermont Clinical Registry, and work to support VHIE/public health integration in the face of COVID-19.

# Assessing the 2020 Update to the HIE Plan

2. Is the HIE Plan consistent with the Principles for Health Care Reform in V.S.A. 18 § 9371, and will it help achieve the State's health reform goals?

V.S.A. 18 § 9371 establishes 14 principles for health care reform. In its 2018 decision to approve the HIE Plan, the Board found that the Plan spoke to several of the principles stated in V.S.A. 18 § 9371; these areas remain core to the 2020 Update and have not changed.

- System transparency, efficiency, and accountability (#3): The HIE Plan seeks to enable the flow of clinical information to support these objectives (e.g., by decreasing duplicative services, by enabling measurement and evaluation)
- Enhancing and preserving primary care (#4) and recognizing the primacy of the patient-provider relationship (#8): A foundational goal of the HIE Plan is a longitudinal health record for every person, which would allow primary care providers to more easily access information related to their patients to support coordinated, efficient care. In addition, efforts to redesign HIE consent aim to allow patients to provide more customized preferences around who can view their data.
- Continuous quality improvement and evaluation (#9): A more complete and high-quality clinical information system will enable continuous quality improvement, ongoing evaluation, and state policymaking.
- Eliminating unnecessary expenditures (#10): A more complete and high-quality clinical information system will reduce duplication and unnecessary services via accurate longitudinal health records easily accessed by practitioners.
- Partnership between consumers, employers, health care professionals, hospitals, and the State and federal government (#13): The HIE Plan was developed by DVHA in partnership with private sector partners (HIE Steering Committee and expanded subcommittees).

# Assessing the 2020 Update to the HIE Plan

3. Is the HIE Plan consistent with other relevant legislation? *Note: No new legislation considered in 2020; focused review on key legislation from 2017-2019 on HIE consent and operational effectiveness.*

- Act 53 of 2019: Implementing the change to Vermont's HIE consent policy required by Act 53 of 2019 was a major focus of the HIE Steering Committee's work in 2019 and early 2020; this effort is documented in the HIE Plan as well as three Act 53 Sec. 5 reports submitted by DVHA to GMCB and various legislative committees 2019 and early 2020. An evaluation of the consent policy change is included as Appendix G of the HIE Plan (pg. 93).
- Act 73 of 2017 and Act 187 of 2018: The 2020 update to the HIE Plan also demonstrates continued efforts to improve operational effectiveness of the VHIE and the State's HIE program, which was a core goal of Act 73 of 2017 and Act 187 of 2018.

# Assessing the 2020 Update to the HIE Plan



4. Does the HIE Plan incorporate national best practices and expertise as well as feedback from Vermonters, including key HIE constituents (VITL, State of Vermont HIE stakeholders, and other private HIE providers), health care providers, and individuals seeking care?

- National Best Practices and Expertise: The HIE Plan approved in 2018 built on national standards and models for HIE governance and technology/IT services. DVHA and the HIE Steering Committee consulted with the Office of the National Coordinator for HIE (ONC), including experts from states with successful HIEs (Colorado, Oklahoma), with a particular focus on governance and financing. These best practices continue to underpin the 2020 update to the HIE Plan.
- Feedback from Vermonters: The HIE Steering Committee includes stakeholders from a variety of key HIE constituencies. In addition, DVHA staff and HIE Steering Committee members sought input from other HIE stakeholders:
  - *HIE Plan and Technical Roadmap*: The HIE Steering Committee and its subcommittees includes stakeholders representing hospitals, FQHCs, DAs, OneCare, payers, the Blueprint, and VDH (both leadership and VHIE data users).
  - *Consent*: As required by Act 53, DVHA has made major efforts to engage diverse stakeholders in the HIE consent policy change, including: ACLU, Office of the Health Care Advocate, Vermont Developmental Disabilities Council, Vermont Family Network, Cultural Brokers Program, Bridges to Health, Planned Parenthood, Vermont Pride Center, Southwestern Vermont Council on Aging, and Agewell. In addition, DVHA hosted focus groups for Vermonters with developmental disabilities and their families, Vermonters living with HIV/AIDS, and refugees/New Americans, as well as three focus groups in different parts of the state that engaged the general population of individuals seeking health care in Vermont.



# Assessing 2021 Connectivity Criteria

1. Are the proposed Connectivity Criteria in alignment with HIE Plan goals, and will they support implementation of the HIE Plan and achievement of the State's health reform goals?

- This year's Connectivity Criteria remain aligned with the HIE Plan's goals and structure, and will support increased availability of high-quality, usable data – critical to the achievement of Vermont's health reform goals. The 2021 Connectivity Criteria made minor adjustments to the physical health criteria included in Tiers 2 and 3 while adding mental health and behavioral health data elements to support exchange with Designated Agencies. These new data elements will support the goals of the HIE Plan.

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

- Yes. These criteria were developed to expand providers' ability to submit and receive structured data from the VHIE, in part by providing specific standards and requirements to support Vermont providers in contract negotiations with EHR vendors.