

# **2022 Comprehensive Five-Year Update to the Health Information Exchange Strategic Plan & 2023 Connectivity Criteria**

Staff Review

Kate O'Neill

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# GMCB Oversight of HIE



## Review and approve Health Information Exchange Strategic Plan (HIE Plan) *previously known as the Health Information Technology (HIT) Plan*

- 18 V.S.A. § 9351(a):
  - “The Plan shall
    - be revised annually and updated comprehensively every five years to provide a strategic vision for clinical health information technology.”
    - 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.”
    - include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, access to advance care planning documents, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.”
- 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].”

# GMCB Oversight of 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.

# Process Reminder



- **October 31:** AHS submitted HIE Plan and Connectivity Criteria to GMCB.
- **November 3 through December 2:** HIE Plan posted for special public comment period.
- **November 16:** AHS and VITL present HIE Plan and Connectivity Criteria.
- **December 7 or 14:** Final staff recommendation to GMCB on HIE Plan and Connectivity Criteria; potential Board votes.

# HIE Plan Review



1. Is the HIE Plan consistent with the HIT Plan requirements of 18 V.S.A. § 9351? Does the strategic vision in the five-year comprehensive update align with the intent of the Plan as described in 18 V.S.A. 9351?
2. Is the HIE Plan consistent with the Principles for Health Care Reform in 18 V.S.A. § 9371, and will it help achieve the State's health reform goals?
3. Is the HIE Plan consistent with other relevant legislation?
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?
5. To what degree are privacy concerns and privacy protections addressed?
6. How does the Plan address and plan for increased capacity needs as the strategic vision expands?
7. Are the proposed strategies within the Plan feasible, realistic, achievable during the timeframe covered by this plan (2023-2027)?
8. How aligned is the Plan with current legal and technical constraints/considerations?

# 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

We received one public comment from a member of GMCB's general advisory committee, summarized here:

- There is a lack of data sharing in Vermont across facilities and Plan is missing information about sharing of EHR data between healthcare facilities, particularly non-affiliated facilities.
  - *“if they are a patient anywhere else, we’re working entirely blind without problem lists/ updated medications/ allergies. Asking patients directly is often fruitless- people DO NOT routinely accurately provide this information when asked. It makes the practice of medicine unsafe and, quite frankly, scary. I’d love to know how this is being addressed by this plan.”*

# Looking Ahead



- Special public comment period open through **December 2** (see [GMCB Public Comment](#) page)
- Final staff recommendation to the Board on HIE Plan and Connectivity Criteria votes on **December 7 or 14 (TBA)**