

# 2024 Update to the Health Information Exchange Strategic Plan & 2025 Connectivity Criteria

Process Update

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November 18, 2024

# GMCB Oversight of HIE



## Review and approve Health Information Exchange Strategic Plan (HIE 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].”

# GMCCB 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



- **November 1:** AHS submitted HIE Plan and Connectivity Criteria to GMCB.
- **November 2 through December 4:** HIE Plan posted for special public comment period.
- **November 18:** AHS and VITL present HIE Plan and Connectivity Criteria.
- **December 4:** Final staff recommendation to GMCB on HIE Plan and Connectivity Criteria; potential Board votes.

# HIE Plan Review



- Is the HIE Plan consistent with the HIT Plan requirements of [18 V.S.A. § 9351](#)?
- 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?
- Is the HIE Plan consistent with other relevant legislation?
- 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?

# HIT Plan Requirements in 18 V.S.A. § 9351



- Support statewide use of electronic health information in patient care, health care policymaking, clinical research, health care financing, and continuous quality improvements
- Educate the general public and health care professionals about the value of an electronic health infrastructure for improving patient care
- Ensure the use of national standards for the development of an interoperable system
- Propose strategic investments in equipment and other infrastructure elements
- Recommend funding mechanisms for the ongoing development and maintenance costs of a statewide health information system
- Incorporate existing health care information technology initiatives to the extent feasible in order to avoid incompatible systems and duplicative efforts
- Integrate the information technology components of the Blueprint for Health, Master Patient Index, other Medicaid management information systems, and any other information technology initiatives
- Address issues related to data ownership, governance, and confidentiality/security of patient information

# HIT Plan Principles in 18 V.S.A. § 9371



- Universal access to and coverage for high-quality, medically necessary health services for all Vermonters
- Overall health care costs must be contained
- Health care system must be transparent, efficient, and accountable
- Preserve primary care, especially local
- Provider choice
- Cost transparency
- Individual responsibility for own health

# HIT Plan Principles in 18 V.S.A. § 9371 (cont.)



- Primacy of the relationship between patients and their health care practitioners
- Continuous improvement
- Cost containment and reduction of unnecessary expenditures
- Financing must be sufficient, fair, predictable, transparent, sustainable, and shared equitably
- Consider payment reform effects
- Partnership between consumers, employers, health care professionals, hospitals, and the state and federal government
- State government must ensure compliance



# Connectivity Criteria Review



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

# Looking Ahead



- Special public comment period open through December 4 (see GMCB Public Comment page)
- Final staff recommendation to the Board on HIE Plan and Connectivity Criteria; possible votes on December 4