VERMONT
GREEN MOUNTAIN CARE BOARD

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MEMORANDUM

TO: Kristin McClure, Health Care Reform Integration Manager, Agency of Human Services

FROM: Kate O'Neill, Director of Health Systems Data and Analytics

RE: Requests from the Green Mountain Care Board to modify the 2022 HIE Plan submission

DATE: November 21, 2022

At the Green Mountain Care Board meeting on November 16, 2022, the Board members reviewed and provided comments on the draft 2022 HIE Plan. Their requests for modifications to the Plan are noted below, organized by Board member. Based on discussion in the meeting, I understand that you are going to work with the AHS team to resubmit a draft of the 2022 HIE Plan to the Board by December 9, 2022, and the Board will review and vote on the Plan at its meeting on December 14, 2022.

Board member Robin Lunge

- Materials in slides are not included in the plan itself. Please add the materials in the slides to the Plan, including the timeline and action steps anticipated for the next 5 years.
- The 2022 approved plan had an action plan with a description of each activity and timeline. Please provide an update for these activities from the 2022 Plan, so the Board can understand their status (complete, removed, date changed, etc.). This could be included as an appendix to the Plan.
- How does the Plan balance the need of providers to have consistency of information for all patients with the fact that the majority of the funding is through Medicaid, which necessarily necessitates a prioritization of AHS priorities (Medicaid; VDH)? How does the Plan ensure that the state's priorities do not outweigh the provider perspective/needs?
- The Plan should include more information for how the current functionality of the HIE will be maintained and balanced with new projects.
- MDAAP looks to be a multi-year plan. Please the phases of the project, the funding allocation and estimates for that program, and the timeline.

- In the funding section, there is a reference that describes the need to find funding sources for state match. However, from the discussion in front of the Board, this section should be focused on private funding to the HIE. Please clarify.
- Clarify whether the data governance council would be a public body with public meetings, posted agendas, etc., and if not, how you will ensure transparency.
- Describe the data integration process that is anticipated for each of the datasets proposed for integration. The Plan should map out what those process components would be to clarify the different steps for each of the data types including security and privacy requirements, and who needs to be involved or included for each of the data types. If this cannot be articulated in this plan it may be in next year's Plan, but this Plan should describe and acknowledge that.
- Describe how the various datasets identified for integration will be prioritized and the capabilities and operational readiness of VITL in terms of approaching that work.
- Describe the vision for the analytical tools in terms of development responsibility and whether it would vary (VITL, Blueprint, ACO, etc.) to support the needs of providers and to ensure that redundant systems are not being created, while still ensuring that all the different provider types with their different needs and different availability of information from their EHR's are met.

Board member Thom Walsh

- Incorporating the following requests into the 2022 HIE Plan may not be possible to completely describe in time for the re-submission in December 2022. In that event, please describe and acknowledge that in this year's Plan, provide a status update during summer 2023, and incorporate these requests into the 2023 HIE Plan submission.
    - Outline a process for conducting a needs assessment to understand what key stakeholders need and want from a routine report using health information exchange data. Key stakeholders should include at least:
        - Patients
        - Providers
        - Health systems
        - Policymakers
        - Regulators
    - Create a flow diagram for data requests and fulfillment for routine and customized reports.
    - Provide dummy tables and figures detailing the routine output each of the stakeholders listed above will receive.
    - Establish methods for collaboratively developing routine key performance indicators for each stakeholder.
    - Develop a detailed plan for training stakeholders in interpreting data, process improvement, and change management. The plan should recognize the different training needs each unique stakeholder group (patients, providers, health systems, policymakers, and regulators).

Board member Jessica Holmes

- Because the Plan contemplates adding more data and more sensitive data, it is important to have more representation from patients/patient privacy advocates (ideally the HCA) and IT privacy experts on both the Steering committee and the Data Governance Council. Also, transparency is important, such as with open meetings.
- Update the UHDS visual to reflect the consent diamond on both the left and the right. Clarify that there is no arrow going from the health information exchange back to insurance claims (i.e., insurers will not be able to access medical records for example).
- Articulate more clearly how consent will be handled in the Unified Health Data Space. Specifically, will patients be able to consent on each type of data and/or allow/restrict access to all or parts of their data for certain users.
- Clarify description of "strategic consolidation and integration of existing infrastructure" regarding the plan to integrate claims and clinical data by 2024. What is the current plan for VHCURES—will payers submit directly to UHDS or will there be a separate vendor responsible for VHCURES (as currently stands) with the creation of a MPI in the UHDS that merges separate files?
- Include a risk assessment to evaluate operational, financial, and privacy risks associated with each "strategic consolidation and integration" consideration.
- Include in the Plan the plans to measure success, metrics that will be used related to reducing unnecessary and costly care, reductions in total cost of care, and patient usage to monitor their own health. Alternatively, describe in the Plan how these metrics will be included in the detailed action plans for each year.
- Describe how the UHDS is being utilized toward reducing of Vermont total cost of care in terms of the data providers can use or will see in this newly envisioned data utility, beyond what they already see. For example, describe, if possible, any achievement that utilizes the Medicaid claims data, social determinants of health data and clinical data in an integrated manner that might help illustrate how integrated data results in changes in the delivery of care to reduce the total cost of care and eliminate unnecessary low value care.

For follow-up: Are the HIE steering committee meetings and subcommittee meetings open to the public and if not why?

For follow-up: On page 21 of the Plan, *"An example of a data domain in the Unified Health Data Space is providers and their data. Though there may be nuanced differences in the detailed content of each provider's data, like between a commercial claim and a Medicaid claim, from the perspective of combining data for a unified view, it is helpful to consider the data more generally as provider data."* This is confusing and perhaps conflating, as we think of provider data as clinical data and commercial claims data as insurer data. Please explain what is meant and if the intent is for providers to access claims data, what is the thought about what they would do with claims data to improve outcomes and healthcare operations.

Board member Dave Murman

- Include description about including on the data governance council or on the HIE steering committee membership with significant diversity equity experience, particularly due to sensitivity of specific data proposed to be integrated in the UHDS.

Chair Owen Foster

- Articulate in more detail what is contemplated regarding private funding particularly around commercial entities.
- Include better assurances that the governance will protect against private funding resulting in changing authorities or uses over the data.
- While current access protocols specifically note that data in the VHIE cannot be used for commercial purposes, and HIPAA regulations prohibit commercial use without opt-in, the Plan should articulate this including protections against commercial entities using the data even for non-commercial intentions.
- The data governance council should have a privacy advocate and perhaps even a privacy attorney.
- Describe whether there's an ability to audit other people's uses of the data.
- Recognizing this is a conceptual planning document, the Plan needs to better articulate that there are dependencies in the build-out of certain aspects described in the Plan and the Plan needs to identify associated risk (such as cost, security issues, etc.).
- Describe the agile framework and plans for incremental progress.
- Related to the vagueness of the strategic consolidation and integration description, there needs to be clarity of purpose around how that is envisioned, such as whether the intent is to pursue master patient index or a single patient record with claims and clinical data housed together in one database. If more detail cannot be provided at this time, describe the plans for providing this information.

For follow-up: There was agreement that there would be opportunities for the Board to review some of these decision points along the way, such as a possible status update during summer 2023. Details around this need to be determined.