

VITL FY24 Budget Presentation and
Quarterly Report to the
Green Mountain Care Board

May 17, 2023



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Our work is guided by the State's HIE Strategic Plan and VITL's Strategic Framework

Vermont HIE Strategic Plan Goals

1. Create One Health Record for Every Person
2. Better Health Outcomes
3. Improve Health Care Operations
4. Use Data to Enable Investment and Policy Decisions

VITL Strategic Directions

1. Focus on our Customers
2. Tell Our Story
3. Be the Go-To Partner for Exchanging Vermont's Health Information
4. Build a Learning Organization
5. Ensure Sustainability

FY23 Accomplishments & Forecast Year End Performance

FY23 Activities

- ❖ 120 new interfaces over 18-month contract
- ❖ Query connection to the Immunization Registry, participation in ASTHO learning community with VDH
- ❖ Security Program alignment to NIST 800-53 with security controls validated under a System Security Planning (SSP) process
- ❖ Upgrade to FHIR R4
- ❖ API Planning – implementation in FY24
- ❖ Social Determinants of Health Planning – implementation in FY24
- ❖ Connections to designated agencies for substance use disorder (Part 2) data
- ❖ Reporting platform live– tuning continues
- ❖ Hub connection to eHealth Exchange (UVMHN, VA, DoD)
- ❖ Medicaid Interoperability (on hold)
- ❖ New public education campaign delivered
- ❖ Organizational realignment

FY23 Year End Forecast

- Performance is forecast to be above budget at ~\$560k
- Largely due to timing in projects - reprioritization and shift in timelines to FY24
 - Revenues ~\$1.6m below budget
 - \$1.4m deferred to FY24
 - Expenses ~\$2m below budget
 - Software, licensing, and outside support \$1.2m below budget
 - Staffing \$300k below due to vacancies (active hiring in spring)

Fiscal Year 2024 Proposed Budget

- Contract
- Proposed Budget
- Message Archive Investment

FY24 Contract

- Abbreviated contracting & budgeting schedule
- Contract with AHS 4/26 for CMS submission – 60 day review
- Reminder: Contract is now on a fiscal year basis, not a calendar year basis, so the proposed budget is based on one contract

• Maximum FY24 Contract (draft)	\$11,296,612
• Revenue in FY24 budget	\$ 9,360,675
• <i>Maintenance and Operations</i>	\$6,155,875
• <i>DDI budgeted</i>	\$3,204,800
• Potential additional projects	\$ 1,935,936 (not budgeted)

FY24 DDI Projects Budgeted

Project	FY24 Contract Budgeted Revenue
FHIR APIs	\$500,000
Interfaces	\$1,125,000
Medicaid /AHS Support	\$130,800
Immunization Registry Integration	\$189,000
Lab Reporting for VDH	\$280,000
Other VDH	\$47,000
MDAAP Support	\$190,000
New Data Types and Security	\$285,000
Portal Medication Functionality	\$100,000
Total VITL Revenue	\$2,846,800
Bi-State (pass through)	\$358,000
Total FY24 Contract Budgeted Revenue	\$3,204,800

FY24 DDI Potential Projects, Not Budgeted

The FY24 contract includes the potential for AHS to request additional projects of VITL:

- Up to 125 additional interfaces for MDAAP \$1.1m
- Support Medicaid Reporting & Analytics \$578k
- Task Order for new needs \$100k

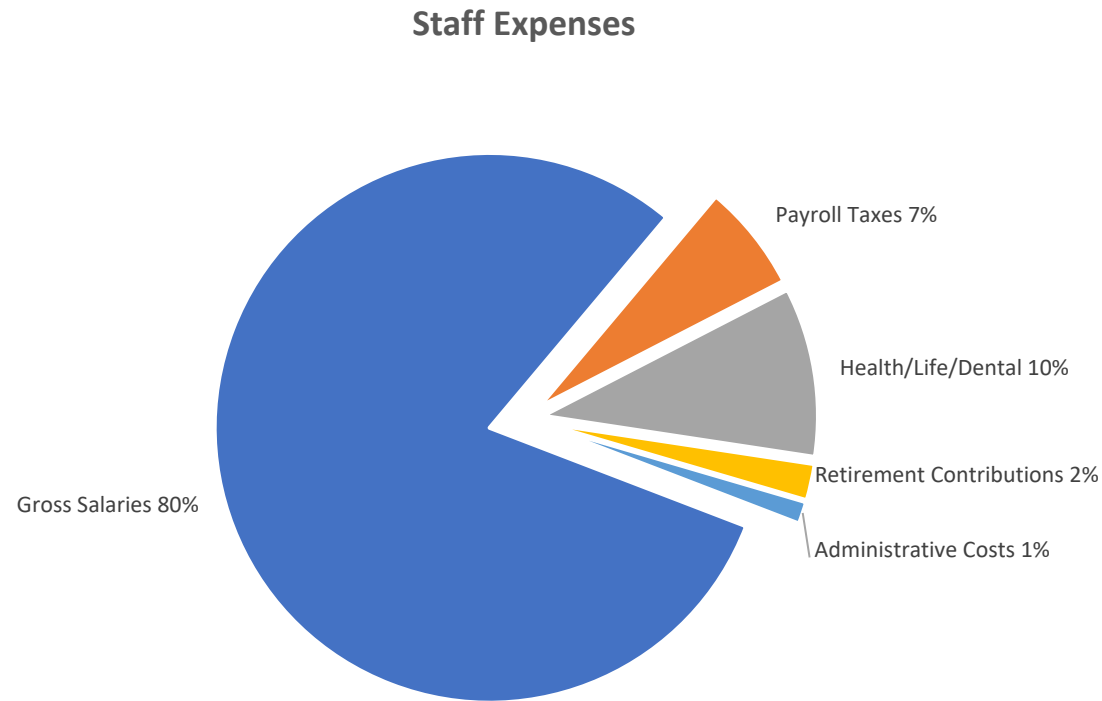
FY24 Statement of Activities

Item	FY22 Audited Financials	FY23 Original Approved Budget	FY23 Jan. 2023 Amended Budget	FY23 Year End Forecast	FY24 Proposed Budget	Variance FY24 Proposed Budget & FY23 YE Forecast
VITL Revenue						
State Contracts						
CY20	588,345	-	-	-	-	-
CY21 M&O	1,473,889	-	-	-	-	-
CY21 DDI	3,695,250	1,443,338	1,439,054	658,701	730,107	71,406
CY22/23 M&O	3,023,188	6,564,294	6,246,376	6,228,776	-	(6,228,776)
CY22/23 DDI	605,269	1,897,799	2,987,030	2,139,316	698,000	(1,441,316)
Public Health Grant Revenue	-	262,500	-	-	-	-
SFY24 M&O	-	-	-	-	6,155,875	6,155,875
SFY24 DDI	-	-	-	-	3,204,800	3,204,800
Total State Contracts	9,385,941	10,167,931	10,672,460	9,026,793	10,788,782	1,761,989
OCV Contract	639,998	430,000	394,167	429,998	429,996	(2)
Total Contracts	10,025,939	10,597,931	11,066,627	9,456,791	11,218,778	1,761,986
Patient Ping Fees	73,756	72,000	67,776	72,737	72,000	(737)
VITL Direct Fees	121,200	45,000	48,210	48,209	41,819	(6,391)
Collective Medical	1,375	2,500	2,500	-	1,375	1,375
Route Notification Fees	54,064	26,693	53,386	26,693	26,693	(0)
Total Program Fees	250,396	146,193	171,873	147,639	141,887	(5,753)
Misc. Revenue	6,592	9,000	57,680	78,866	60,000	(18,866)
Potential impacts to revenue	-	-	-	-	(150,000)	(150,000)
Total Revenue	\$ 10,282,927	\$ 10,753,124	\$ 11,296,180	\$ 9,683,297	\$ 11,270,664	\$ 1,587,367
VITL Expenses						
Labor Related Expenses				1,243,402		(1,243,402)
Labor Cost	2,377,919	2,649,637	2,534,958	2,305,938	3,053,287	747,349
Fringe	954,180	1,098,875	983,517	905,770	1,290,160	384,390
Total Labor Related Expenses	3,332,099	3,748,512	3,518,475	3,211,708	4,343,447	1,131,739
Material/Services						
Network Expenses	419,552	678,797	682,802	533,239	580,723	47,484
Software	3,106,334	3,308,537	3,252,114	2,345,151	2,596,203	251,052
Outside Support	2,060,377	2,107,200	2,706,470	2,370,031	2,758,533	388,502
Education & Outreach	45,488	157,076	150,576	131,609	189,900	58,291
Travel	2,965	30,000	30,000	16,274	72,100	55,826
Supplies	9,136	10,850	10,590	10,687	25,950	15,263
Occupancy	116,318	63,120	63,120	30,124	26,752	(3,372)
Telecom	49,576	44,699	44,699	26,116	27,041	925
Insurance	94,875	163,190	163,190	112,634	145,690	33,056
Other	95,819	50,000	50,000	71,416	70,000	(1,416)
Training/Prof. Develop.	77,804	177,438	345,738	265,153	236,588	(28,565)
UFF Contract Costs	97,878	-	93,385	-	-	-
Loss Provision	108,919	-	-	-	-	-
Contingency	-	100,000	70,000	-	100,000	100,000
Total Material/Services	6,285,041	6,890,906	7,662,684	5,912,435	6,829,480	917,045
Total All Expenses	\$ 9,617,140	\$ 10,639,418	\$ 11,181,159	\$ 9,124,143	\$ 11,172,927	\$ 2,048,784
Change in Net Assets	\$ 665,787	\$ 113,706	\$ 115,020	\$ 559,154	\$ 97,737	\$ (461,416)
Carry Forward Project Investment		\$ 175,000	\$ 175,000			\$ -
Investment: Rhapsody Redesign		(175,000)	(175,000)			-
Creation of HDM Rebuild Reserve				(650,000)		
Add back CAPEX		(40,000)	(40,000)	(35,632)	(20,000)	15,632
Adjusted Net Assets	\$ 665,787	\$ 73,706	\$ 75,020	\$ (126,478)	\$ 77,737	\$ 204,215

Budgeted Revenue Sources

Category	Amount	Description
Maintenance & Operations (M&O)	\$6,155,875	<ul style="list-style-type: none"> • Down slightly • Does not account for COLA or contract escalation
Design, Development & Implementation (DDI)	\$3,204,800	<ul style="list-style-type: none"> • Collecting data, new data types • Enabling FHIR-based data interoperability • Public Health • Bi-State pass-through
Deferred Revenue	\$1,428,107	<ul style="list-style-type: none"> • Revenue collected but not recognized for projects still underway: reporting, APIs, Part 2
One Care VT	\$429,996	<ul style="list-style-type: none"> • Anticipates renewal
Other	\$201,887	<ul style="list-style-type: none"> • Patient Ping, VITL Direct, Interest, Misc
Potential Impacts	(\$150,000)	<ul style="list-style-type: none"> • Allowance for contracts under negotiation

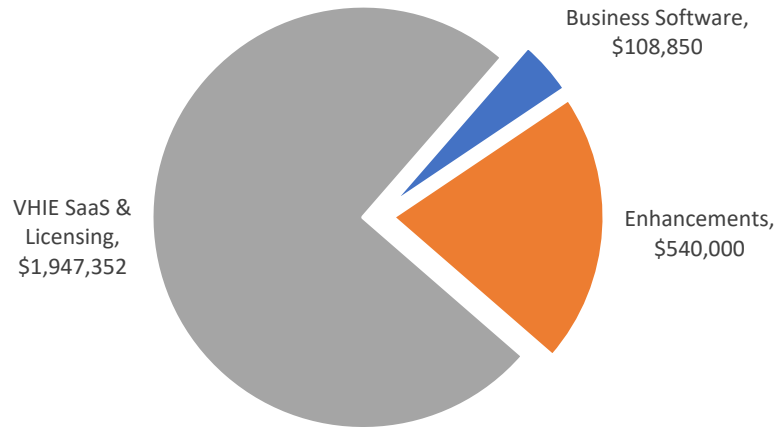
Budgeted Expenses: Staffing



- Creates one new position in Technology
- Includes enterprise architect, a budgeted position, which was in Outside Support in FY23
- One existing position remains in Outside Support - contracted from Maine HIE
- Includes COLA and anticipated benefits cost increases

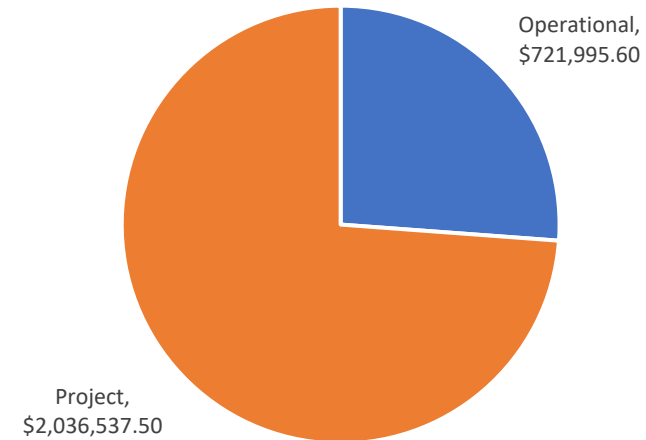
Budgeted Expenses: Software & Outside Support

Software Expenses



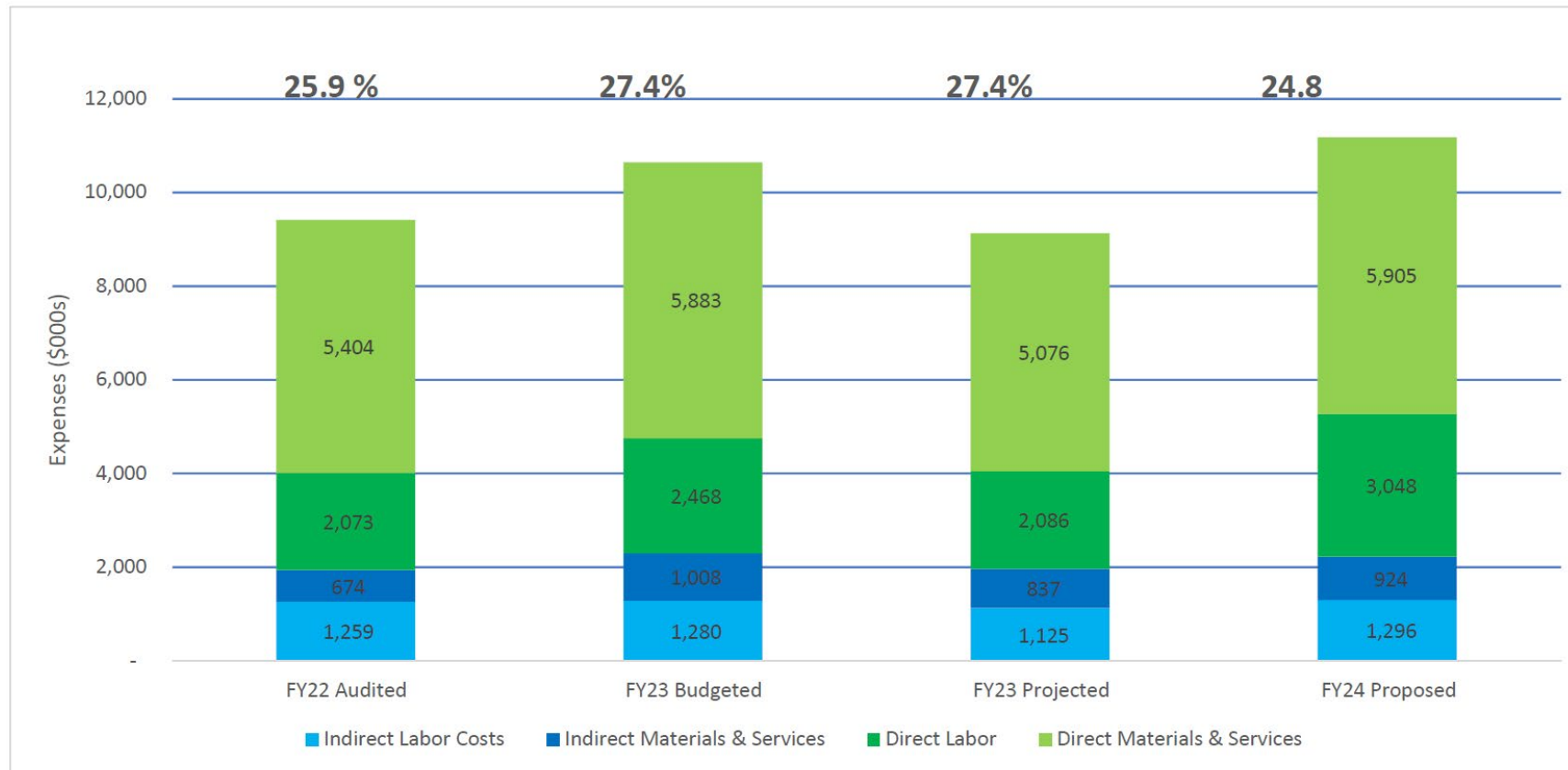
- Similar breakdown to FY23
- Enhancements are DDI cost estimates
- VHI costs include licensing of MedicaSoft NXT, Integration Engine, Master Patient Index, Terminology Services, Results Delivery, HISP

Outside Support



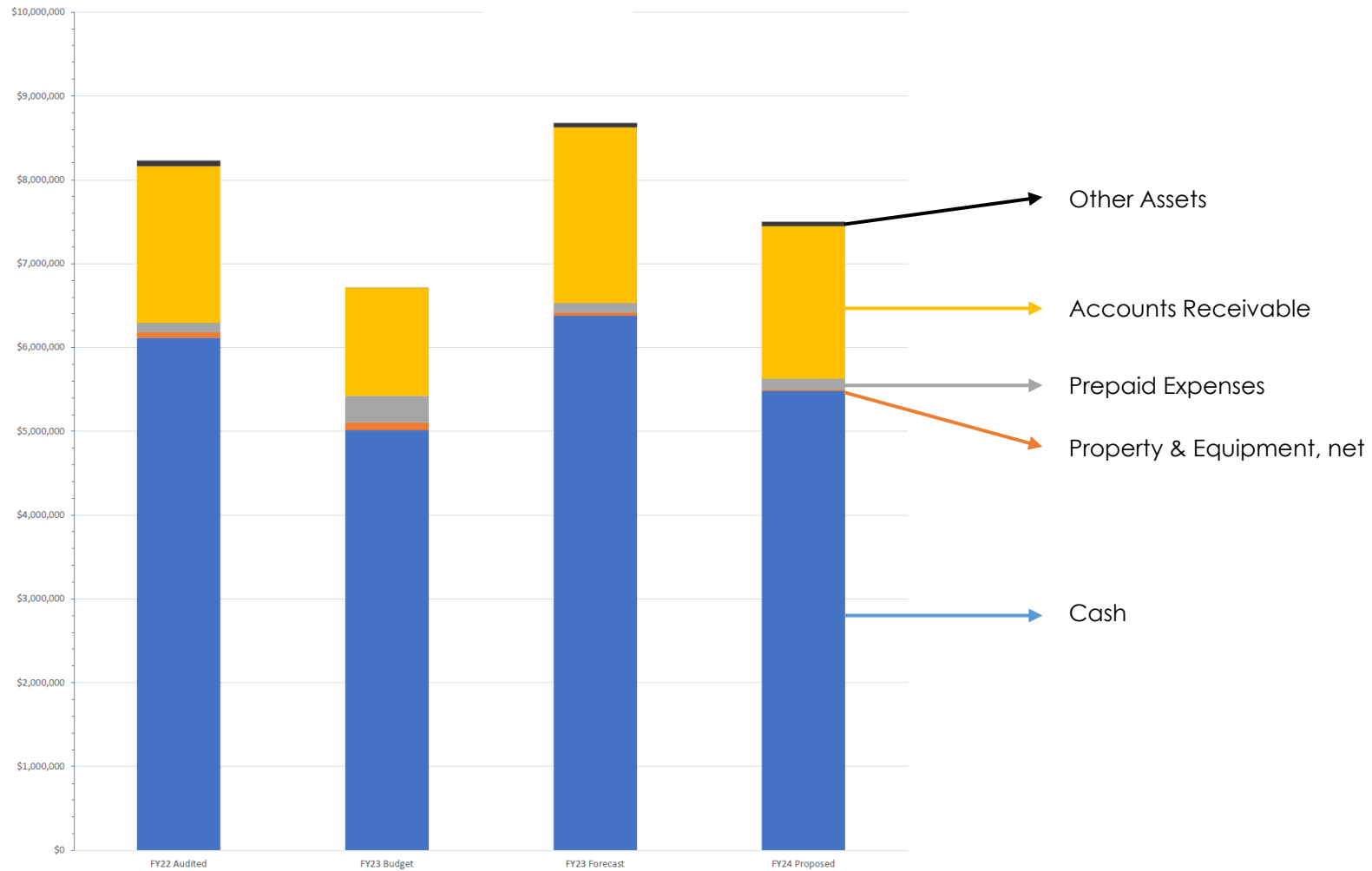
- Similar breakdown to FY23
- Project costs are DDI cost estimates, includes Bi State/ VRHA
- Operational costs include legal, accounting, database support, communications, and consulting/ contractors

Indirect Rate



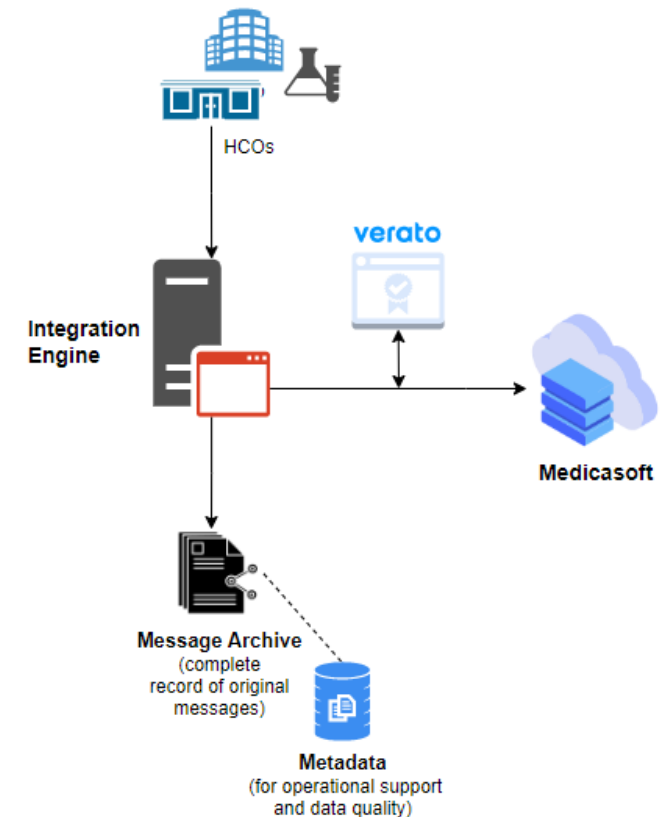
- VITL works to keep indirect costs in check
- Due to budget scale, small changes in costs will impact the rate

Balance Sheet Assets



Reinvestment: Create a Reserve For Message Archive Rebuild

- Would like to set aside \$650k of FY23 and prior year surplus to implement a new message archive & complete the transition from legacy infrastructure
- A Message Archive contains the complete, original records we receive from health care organizations – not de-duped, translated, curated, tuned
 - Critical for operational and data quality support
 - Tracks message history
 - Allows us to replay messages if something goes wrong
 - Serves as a data backup
 - Could support future functionality enhancements



Why this is important

- Existing infrastructure (HDM) was internally-built and used for:
 - Client reporting (e.g., Blueprint, OCV) – moving to MedicaSoft
 - Message archiving
- The infrastructure is end of life and will soon be unsupported
- Original plan was for 'lift and shift' of non client reporting capabilities to cloud, however further research identified risks and need for different approach
- Building on modern cloud technology could improve operations, and unlock potential for future analytic capabilities

Program Highlights

VHIE as Health Data Utility



- Emerging model for shared health data infrastructure
- Statewide entities that combine, enhance, and exchange electronic health data across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes
- HDUs emphasize multistakeholder organizational and use case-specific data governance with an emphasis on public health

FY23 Program Highlight: Launch of Bidirectional Immunization Data Sharing

- In April VITL launched the first bi-directional immunization data sharing connection, between the Vermont Department of Health and a health care provider - Northeastern Vermont Regional Hospital (NVRH)
- Clinicians and staff at NVRH can query for patients' comprehensive immunization records from inside the NVRH EHR
- The result is more complete patient health records and a more efficient workflow
- With VDH, invited to participate in the Association of State and Tribal Health Organizations (ASTHO) Immunization Data Exchange, Advancement and Sharing Learning Community

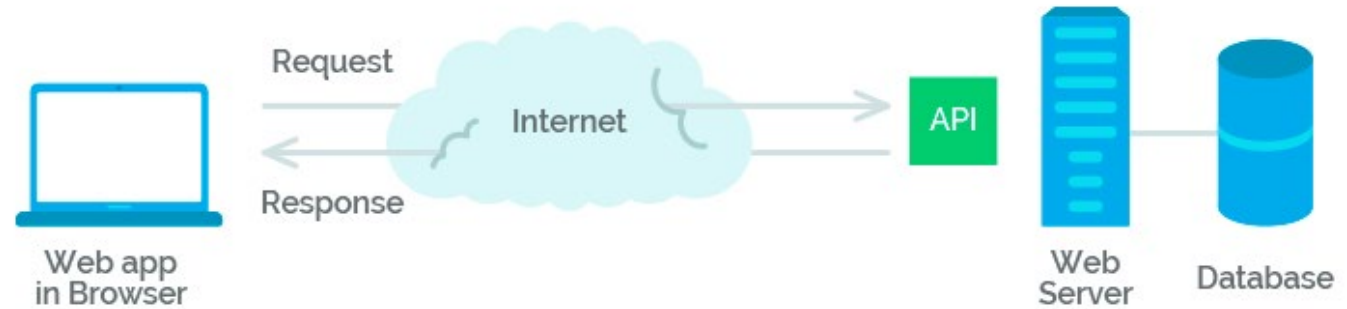
Next Steps: Bidirectional Immunization Data Sharing

- VITL is working with additional hospitals, Federally Qualified Health Centers, and independent practices to build more bi-directional immunization data sharing connections
- Forecasting data will also be made available
- Work will continue in FY24

The What and Why's of APIs

What?

- Code that enables interoperability – defined as “the ability of two or more systems to exchange health information and use the information once it is received.” (ONC)
- Based on established standards – HTTP/S, REST, JSON, XML and FHIR
- A move away from building large monolithic systems towards smaller microservices
- Reusable functionality can support multiple different applications



Why?

- CMS Interoperability and Patient Access Final Rule
 - “to achieve appropriate and necessary access to complete health records for patients, health care providers, and payers” and “reduce overall payer, health care provider, and patient burden through the proposed improvements to prior authorization practices”
- CMS Interoperability and Prior Authorization Processes Proposed Rule
 - “improve health information exchange to achieve appropriate and necessary access to complete health records for patients, health care providers, and payers.”

Health Care API Technical Standards

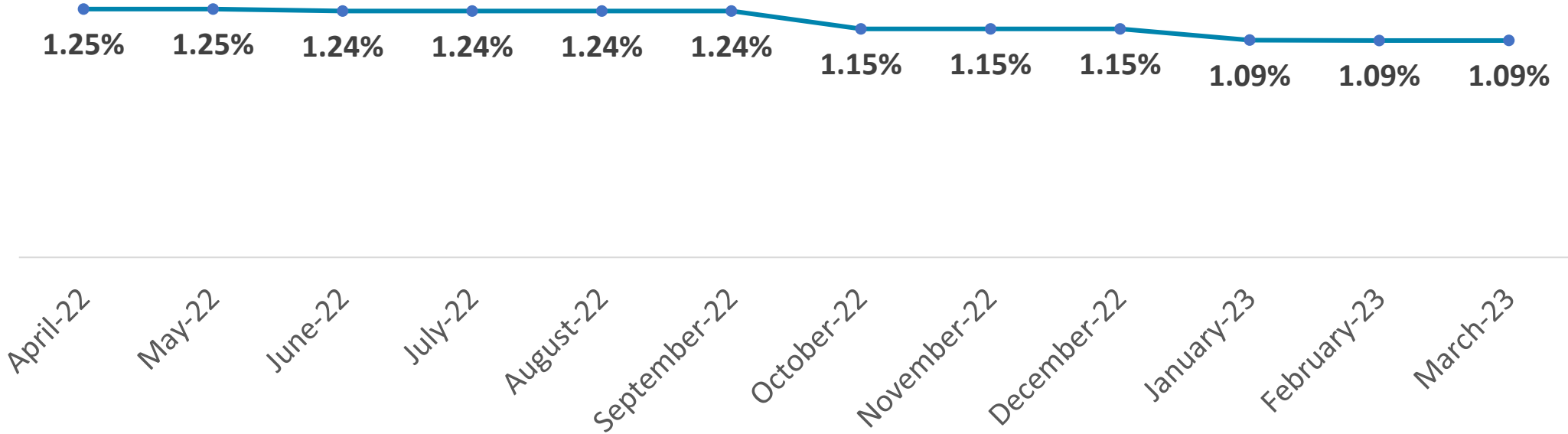
- **FHIR (Fast Healthcare Interoperability Resources)** – a standard that defines how healthcare information can be exchanged between different computer systems
- **SMART on FHIR & OAuth 2.0** – defines the mechanisms applications use to get appropriate authorization to FHIR resources
- **OpenID Connect** – the identity layer above OAuth 2.0 protocol used to verify the end-user's identity
- **United States Core Data for Interoperability (USCDI)** – the standardized set of health data elements which enable nationwide, interoperable health information exchange

Public Education

- VITL continues its public education work in partnership with participating organizations
 - VITL offers a [toolkit of education resources](#) to support patient education by participating organizations
 - Participants are encouraged to partner in patient education beginning at onboarding, during check-ins, and via an email campaign
- VITL will continue its direct outreach to Vermonters in recurring education campaigns. VITL is planning the next education campaign, to begin in summer 2023.

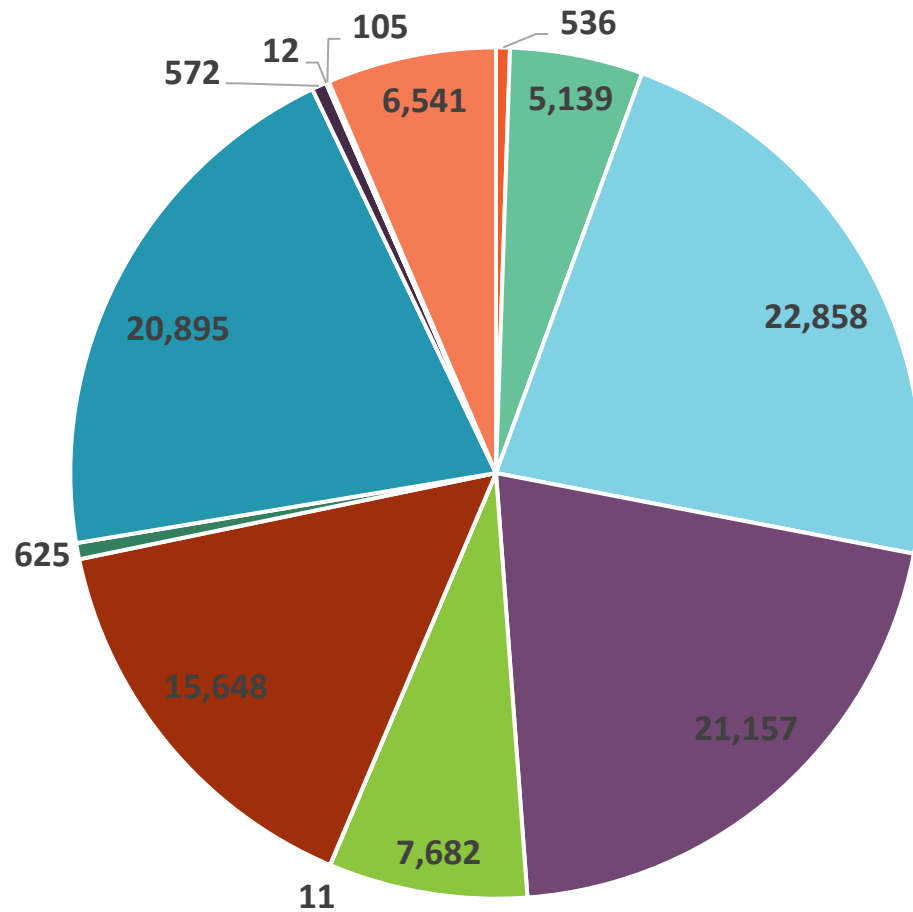
Quarterly Metrics

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



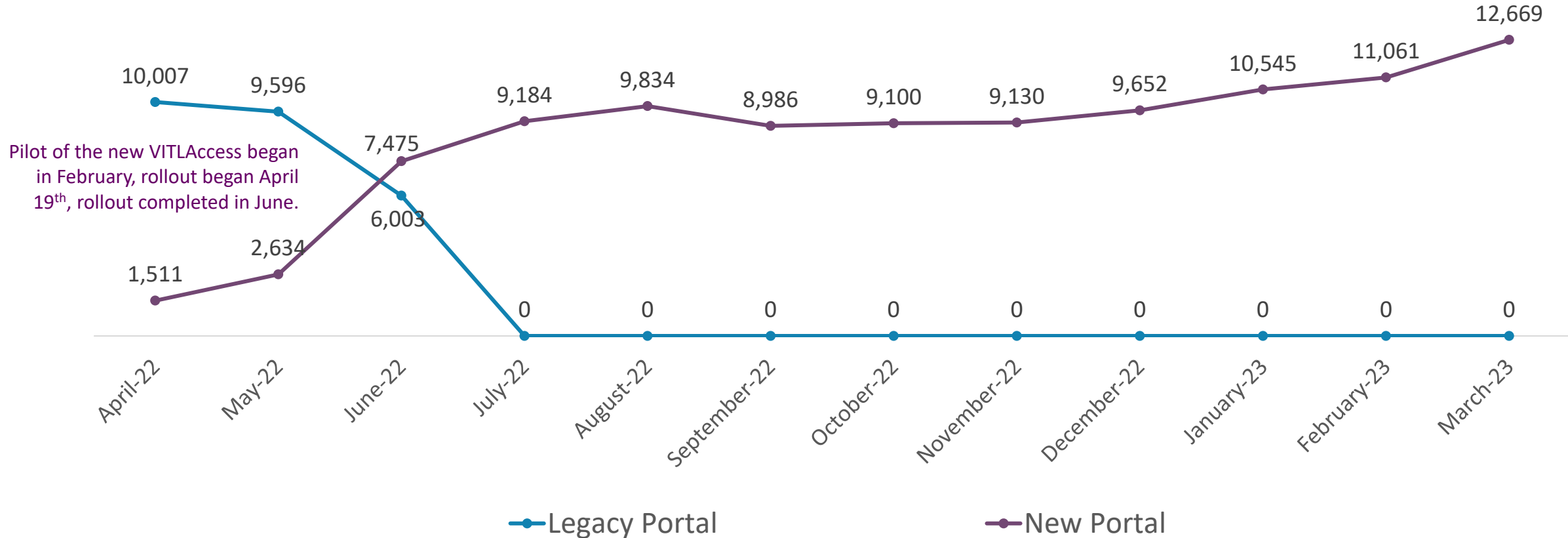
VITL Access Queries by Organization Type

April 2022 - March 2023



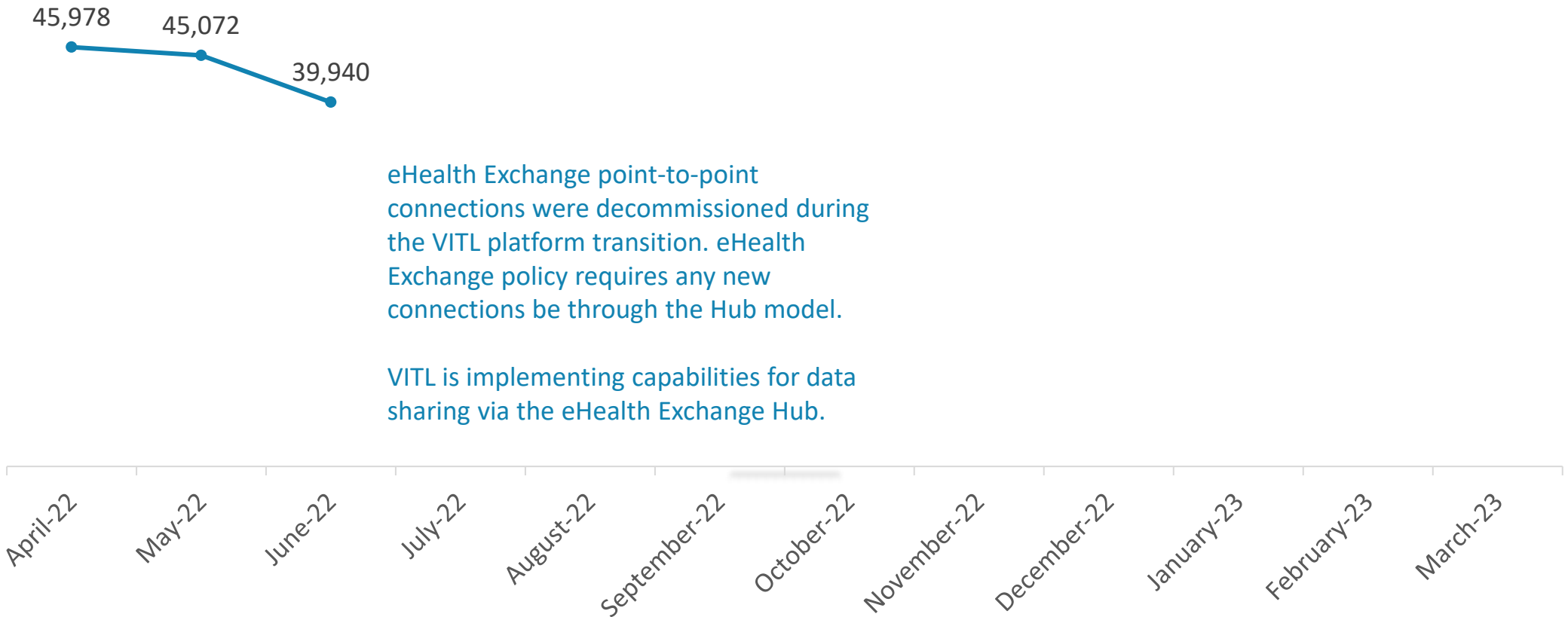
- Community Health Center: 536
- Designated Agency: 5,139
- Emergency Services: 22,858
- Federal/State Agency: 21,157
- Federally Qualified Health Center: 7,682
- Home Health Agency: 11
- Hospital: 15,648
- Hospital Owned Practice: 625
- Independent Practice: 20,895
- Long-Term Care: 572
- Retail Pharmacy: 12
- Specialized Services Agency: 105
- Payer: 6,541

VITLAccess Queries by Month



Queries of the Vermont Health Information Exchange via eHealth Exchange

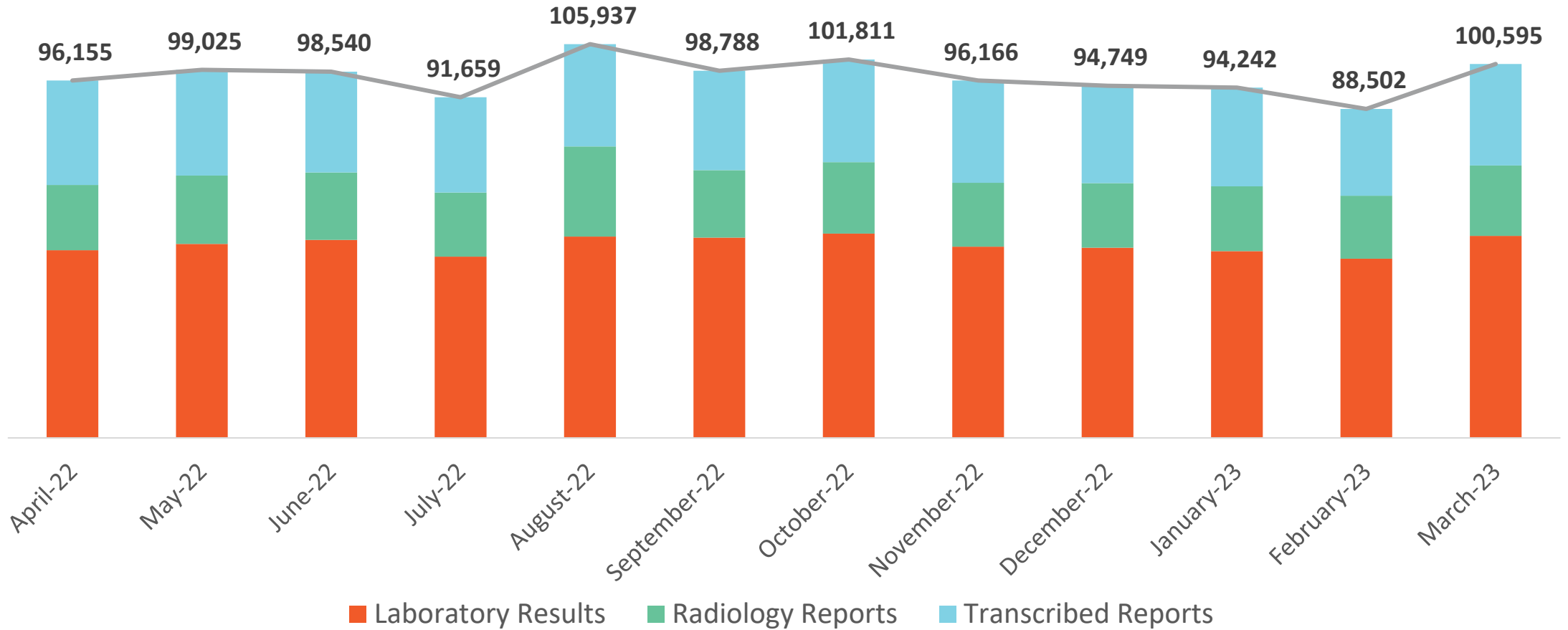
(University of Vermont Medical Center, Veterans Affairs, Department of Defense)



eHealth Exchange point-to-point connections were decommissioned during the VITL platform transition. eHealth Exchange policy requires any new connections be through the Hub model.

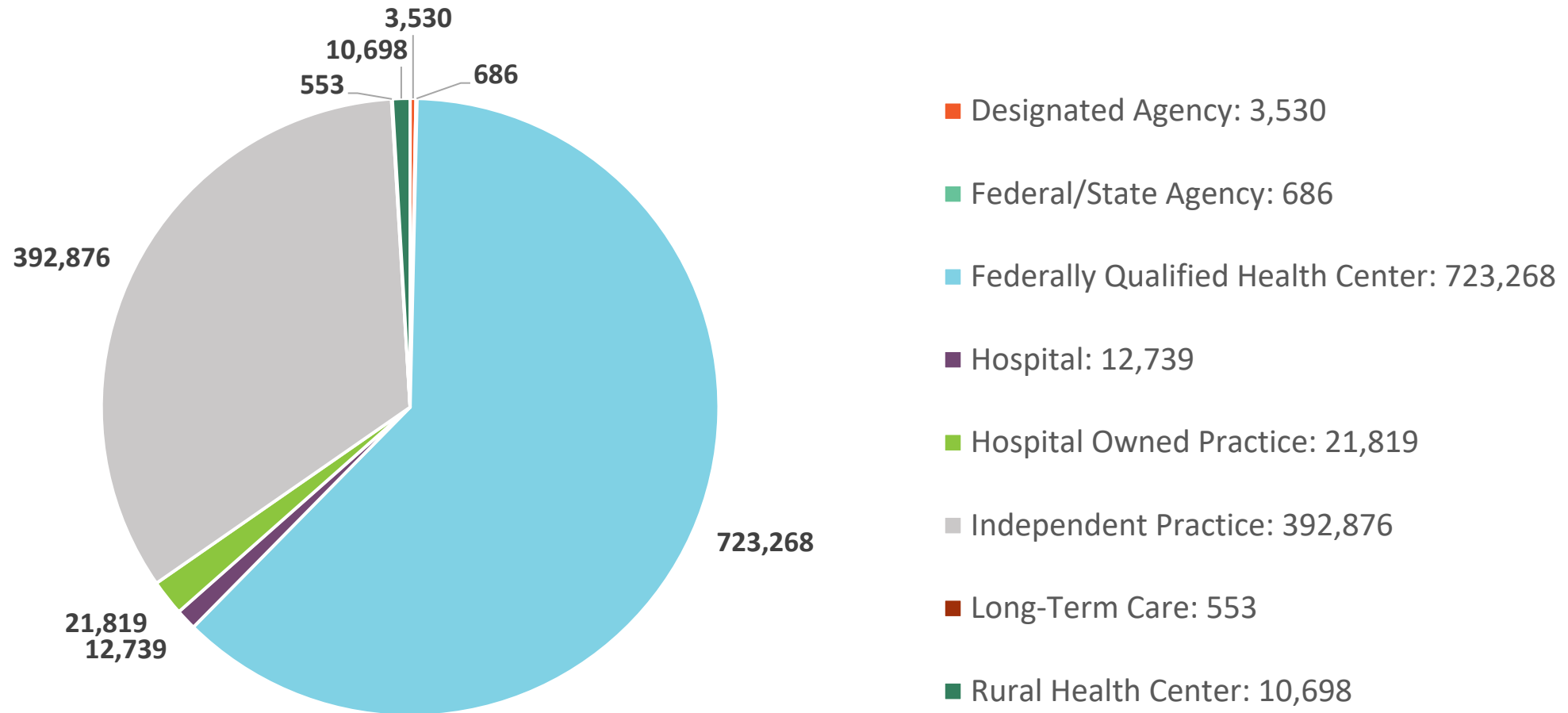
VITL is implementing capabilities for data sharing via the eHealth Exchange Hub.

Results Delivery by Result Type



Number of providers receiving results = 586

Results Delivery by Receiving Organization Type April 2022 - March 2023



Glossary

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

Financial Terms

CY: Calendar Year

DDI: Design, Development, and Implementation

FY: Fiscal Year

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

OCV: OneCare Vermont

SoV: State of Vermont

VDH: Vermont Department of Health

Technology and Standards

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

FHIR: HL7's Fast Healthcare Interoperability Resources data standard

IMR: Vermont Department of Health's Immunization Registry