

VITL FY25 Budget Presentation
and Quarterly Report
to the Green Mountain Care Board
May 29, 2024



Contents

- Proposed FY25 Budget Presentation – page 3
 - FY24 Accomplishments and Year End Projections
 - FY25 Proposed Budget
- Program Highlights & a Policy Update – page 19
- Patient Education – page 25
- Quarterly Metrics – page 27
- Abbreviations List – page 34

Proposed FY25 Budget

FY24 Accomplishments & Year End Projection

FY24 Accomplishments

- ~147 new data collection interfaces and 25 new results delivery interfaces
- Connected 15 new organizations to query the VDH Immunization Registry for history and forecast data
- Completing connections to designated agencies to collect Part 2 data as QSO (qualified service org.)
- Working with VDH to collect and deliver reportable disease messages on behalf of two pilot hospitals
- Working with DVHA to deliver clinical data to the new Medicaid Data Lake (testing underway)
- API planning work – foundation for project delayed to start in July
- Continued education about VITLAccess – 44% increase in queries and 41% increase in active users
- Working with UVM and the VA to allow them to query the VHIE through eHealth Exchange (underway)
- Working with VCCI to integrate two social determinants of health questionnaires
- Completing an evaluation of VHIE race data and engaging providers in improving standardization
- Working to establish our Amazon Web Services Environment
- Two robust public education campaigns delivered
- Communications program expanded
- Delivered annual clinical data extract to the Blueprint for Health.

FY24 Year End Forecast

- Performance is forecast to be above budget by ~\$279k
 - Revenue below budget by \$1.1 million
 - Expenses below budget by \$1.4 million
- The variance is due to a number of factors
 - The most significant was our inability to complete the API project due to the vendor pulling out citing mandated contract terms they had previously agreed to (impacting deferred and FY24 revenue)
 - Smaller impacts include:
 - Delayed security labeling project to FY25 - will consider new Part 2 regulations
 - Public health projects completed below our initial estimates once we had clearer scope
 - Slower than anticipated uptake of the State's MDAAP program
 - Decision to not pursue the medication fill project due to lack of vendors
 - Interest income above projection

Fiscal Year 2025 Proposed Budget

- Contract
- Proposed Budget
- Message Archive Investment Update

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

VT 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

FY25 Contract

- Discussions began end of February; draft contract submitted to CMS week of May 11
- Reminder: contract now on a fiscal year basis

• Total Contract Draft	\$12,168,392
• FY25 Revenue in FY24 budget	\$11,299,446
• <i>Maintenance and Operations</i>	\$ 6,801,540
• <i>DDI budgeted</i>	\$ 4,497,906
• <i>Potential additional projects</i>	\$ 868,946

M&O Increase

- M&O increased from FY24 due to:
 - COLAs and software contract escalators
 - Increased scope resulting from FY24 DDI projects
 - Medicaid Data Lake extract
 - VDH Electronic Lab Reporting
 - Immunization Registry query support
 - Service Level Agreement increase to 99.5% uptime commitment

FY25 DDI Projects - Highlights

- Implementing Application Programming Interfaces (APIs)
- Building new data collection interfaces
- Continued collaboration with public health
 - Delivering electronic lab reporting
 - Providing data for WIC program
 - Integrating immunization and birth registry data
- Enhancing access to provider portal (VITLAccess)
- Supporting Medicaid Data Warehouse & Unified Health Data Space
- Collecting social determinants of health data (CMS HRSN)
- Supporting State's MDAAP program
- Expanding provider outreach

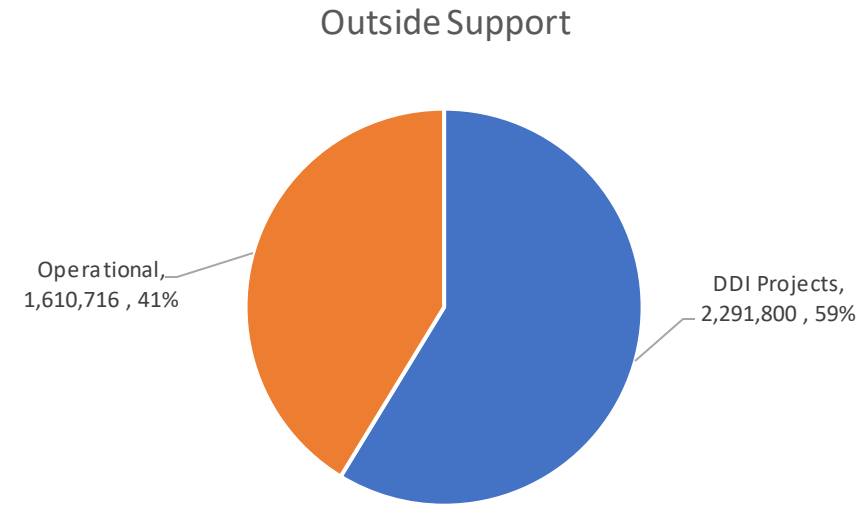
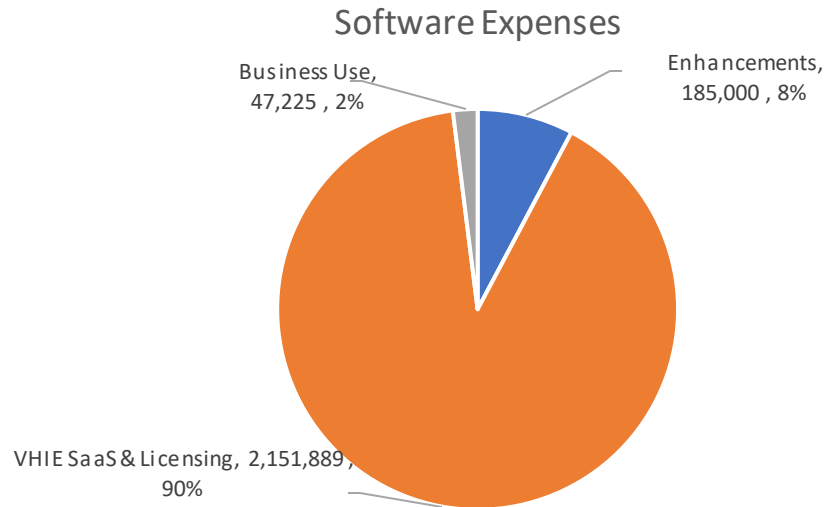
FY25 Budget Statement of Activities

	FY23 Audited Financials	FY24 Original Approved	FY24 Year End Forecast	FY25 Proposed Budget	FY25 v FY24 Projection
VITL Revenue					
State Contracts					
CY21 DDI		730,107	199,750	420,856	
CY22/23 M&O					
CY22/23 DDI		698,000	1,075,100	54,000	
CY24 M&O		6,155,875	6,134,679		
CY24 DDI		3,204,800	2,172,356		
SFY25 M&O				6,801,540	
SFY25 DDI				4,497,906	
Total State Contracts	8,379,944	10,788,782	9,581,885	11,774,302	2,192,417
OCV Contract	430,000	429,996	214,998		(214,998)
Total Contracts	8,809,944	11,218,778	9,796,883	11,774,302	1,977,419
Patient Ping Fees		72,000	70,652	60,000	(10,652)
Data Delivery Services				155,185	155,185
VITL Direct Fees		41,819	42,532	41,000	(1,532)
Collective Medical		1,375			-
Route Notification Fees		26,693	21,036	27,000	5,964
Total Program Fees	159,370	141,887	134,220	283,185	148,965
Misc. Revenue	109,854	60,000	194,054	120,000	(74,054)
Potential impacts to revenue		(150,000)			-
Total Revenue	9,079,168	11,270,665	10,125,157	12,177,487	2,052,330
VITL Expenses					-
Labor Related Expenses					-
Labor Cost	2,426,632	3,053,287	2,577,339	3,454,119	876,780
Fringe	859,275	1,290,160	1,063,728	1,524,983	461,255
Total Labor Related Expenses	3,285,907	4,343,447	3,641,067	4,979,103	1,338,036
Material/Services					
Network Expenses	396,865	580,174	463,830	696,024	232,194
Software	2,055,219	2,596,203	2,213,314	2,384,114	170,800
Outside Support	2,061,733	2,954,546	2,493,419	3,902,516	1,409,097
Education & Outreach	163,861	189,900	216,669	130,000	(86,669)
Travel	4,086	72,100	18,395	50,250	31,855
Supplies, Postage & Misc.	4,933	29,950	20,841	27,200	6,359
Occupancy	27,219	27,301	27,167	32,429	5,262
Telecom	34,254	27,041	30,829	38,489	7,660
Insurance	108,130	145,690	155,970	183,095	27,125
Training/Prof. Develop.	64,905	236,588	125,751	183,037	57,286
Depreciation	49,085	45,000	28,578	20,000	(8,578)
Contingency/Other	22,946	100,000	3,506	100,000	96,494
UFF Contract Costs	(392,070)		455,454		(455,454)
Loss Provision	642,129		(146,403)	(495,726)	(349,323)
Total Material/Services	5,243,295	7,004,493	6,107,320	7,251,427	1,144,107
Total All Expenses	8,529,202	11,347,940	9,748,387	12,230,530	2,482,143
Change in Net Assets	549,966	(77,275)	376,770	(53,043)	(429,813)
Add back Message Archive - Reserve-funded		175,000		311,440	311,440
Less SLA Penalty Reserve				(120,000)	(120,000)
Adjusted Surplus	549,966	97,725	376,770	138,397	(238,373)

FY25 Revenue

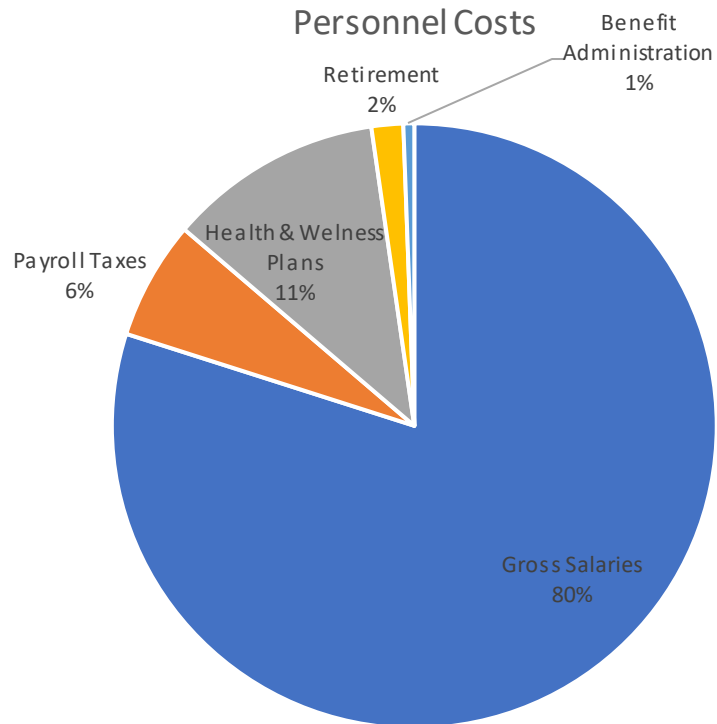
Category	Amount	Description
Maintenance & Operations (M&O)	\$6,801,540	<ul style="list-style-type: none"> • Accounts for COLAs and software contract escalators • New scope from FY24 development projects
Design, Development & Implementation (DDI)	\$4,497,906	<ul style="list-style-type: none"> • Enabling FHIR-based data interoperability • Public Health • Bi-State pass-through • Supporting Medicaid • Social determinants of health • Enhanced provider outreach
Deferred Revenue	\$474,856	<ul style="list-style-type: none"> • Collected but not recognized for API project still underway
Data Delivery Services	\$155,185	<ul style="list-style-type: none"> • New clients requesting data
Notification Services	\$128,000	<ul style="list-style-type: none"> • Bamboo Health (fka Patient Ping), VITL Direct, Interest, Misc.
Misc. Revenue	\$120,000	<ul style="list-style-type: none"> • Interest, Misc.

FY25 Expenses: Software & Outside Support



- Note some vendor DDI costs shifted to Outside Support to more accurately capture the expense (not licensing)
- Enhancements are DDI cost estimates: expanded patient index and new provider index
- VHI E costs include MedicaSoft NXT, Integration Engine, Patient Index, Terminology Services, Results Delivery, HISP / VITL Direct
- DDI increase over FY24 is associated with the increase in DDI work for FY25, the shift of costs from Software, and the continued decommissioning of the HDM
- Project costs are associated with DDI activities
- Operational includes legal, accounting, database support, communications

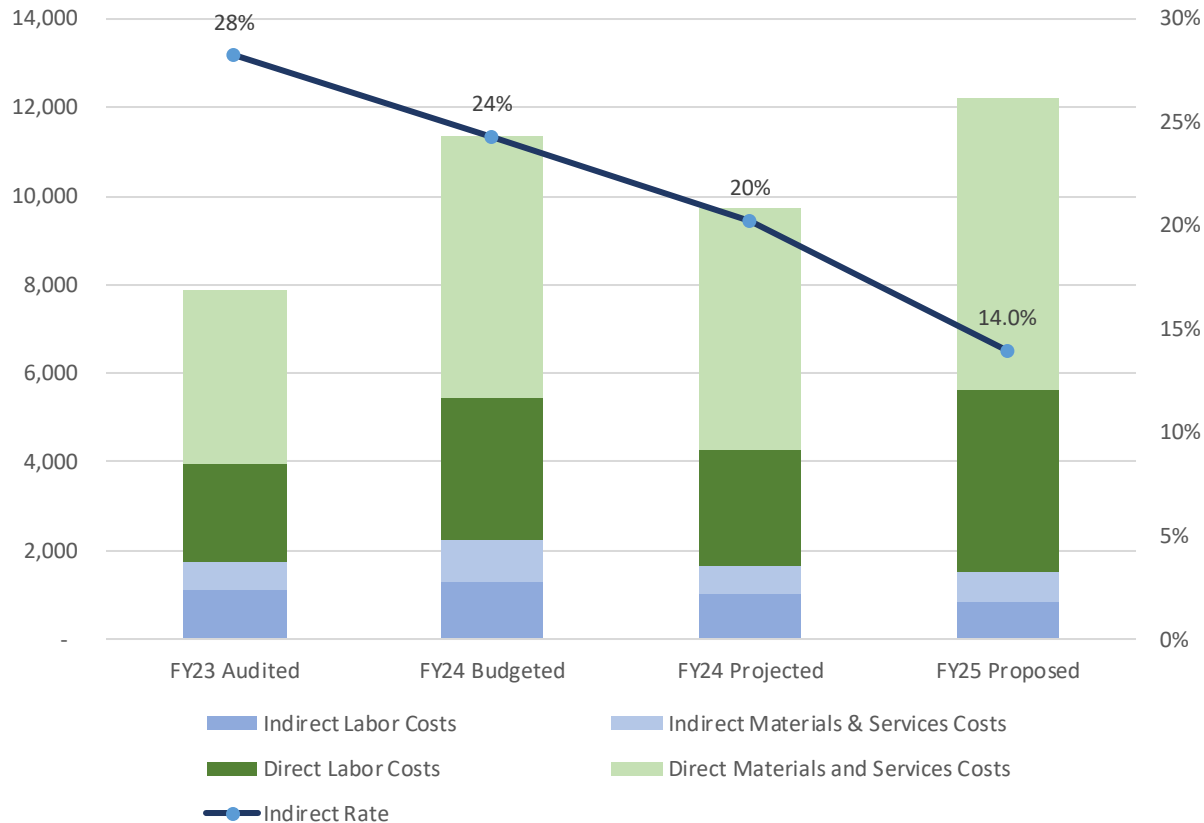
FY25 Expenses: Staffing



- Creates three new positions:
 - MDWAS/UHDS tech position (DDI for FY25)
 - Provider Outreach (2-year position)
 - Patient matching specialist (if required by project)
- Includes COLA
- No staff positions budgeted to outside support this year

Indirect Cost Rate

Expenses & Indirect Rate



- The indirect cost rate is falling as we hire more program-focused staff, while keeping administrative functions consistent with past years.
- We have worked to improve record keeping so that program-focused staff charge time to indirect functions only when appropriate.

Balance Sheet Assets



Update: Rhapsody Redesign & Message Archive Projects

- FY23 budget approval included \$175k investment of surplus for redesign of Rhapsody Integration Engine
 - FY24 Activities: Work continued this year with further evaluation of Rhapsody infrastructure and configurations.
- FY24 budget approval included \$650k investment of surplus for design and build of new Message Archive
 - FY24 Activities: The VITL team collaborated to develop clear operational requirements, performed a market analysis for vendors/solutions, and developed a high level design

Program Highlights & a Policy Update

Finding efficiencies and reducing burden for health care providers and organizations

- The following are highlights of a few of the many projects VITL is working on currently, including more detail on some projects from the list of FY24 Accomplishments
- Each of these projects will make data sharing or data access more efficient for providers and their organizations
- VITL reduces burden for health care organizations by providing a hub for data sharing, where a single connection to VITL delivers data to many destinations – including places that organizations are required to provide data to and/or places where the data will be useful to other providers and their patients

Immunization Registry Query and Response Service Update

VITL partnered with the Vermont Department of Health to launch and roll out the Immunization Registry Query and Response service in 2023. This service enables providers to pull their patients' immunization histories from the Registry directly into their EHRs.

- The Vermont Department of Health recently added the ability to deliver forecasts of future immunization needs via these connections.
- VITL has implemented 13 query and response (“bi-directional”) connections between health care organizations and the Immunization Registry and expects to complete two more by the end of FY24.
- VITL has 13 total query and response connections in progress.
- Over 50,000 queries were processed between 1/1/24 and 4/30/24.

Electronic Lab Reporting Connections

Under Vermont's Reportable and Communicable Diseases Rule, laboratory tests confirming infection with a specified disease or condition must be reported to the Vermont Department of Health. Examples of reportable diseases include measles, HIV, and rabies.

- VITL is building electronic laboratory reporting connections to electronically transmit these reports to the Vermont Department of Health when they are entered into the participating organization's EHR, replacing a time-consuming manual process.
- VITL is piloting these connections with two hospitals, more connections are planned under next year's State contract.
- There are over 75 reportable laboratory findings that will be collected and transmitted through these connections.
- The data shared will also be available through other VITL services, such as VITLAccess.

Single Sign On to VITLAccess

VITLAccess is an essential tool for many providers and staff at health care organizations, with a 44% growth in queries in FY24. Establishing Single Sign On connections directly from health care organizations' EHRs will make securely accessing patient health data more efficient, which we expect will further boost utilization.

- This project will enable launch of a patient chart within VITLAccess directly from that same patient's chart in a provider's EHR, with no VITL-specific credentials required to sign in.
- VITL is identifying a new contractor to help develop a design for building single sign on connections.
- VITL is surveying health care organizations to confirm interest and assess readiness to adopt, including capabilities
- VITL expects to build start building new single sign on connections in early FY25.

Policy Update: Secondary Use Policy

- On Monday May 20th, VITL's board of directors approved an update to the Policy on Secondary Use of Protected Health Information on the VHIE by Health Plans and Accountable Care Organizations ("Secondary Use Policy").
- The updated policy expands how health plans and ACOs can use VHIE data, specifically to allow additional Health Care Operations Quality Assessment and Improvement activities, including:
 - Outcomes evaluation and development of clinical guidelines (not research);
 - Patient safety activities;
 - Population-based activities relating to improving health or reducing health care costs;
 - Protocol development; and
 - Case management and care coordination
- VITL invited comment on the proposed policy change from participating health care organizations and other stakeholders via email and announcement on our website and social media. VITL will use the same approach to notify organizations of the updated policy.

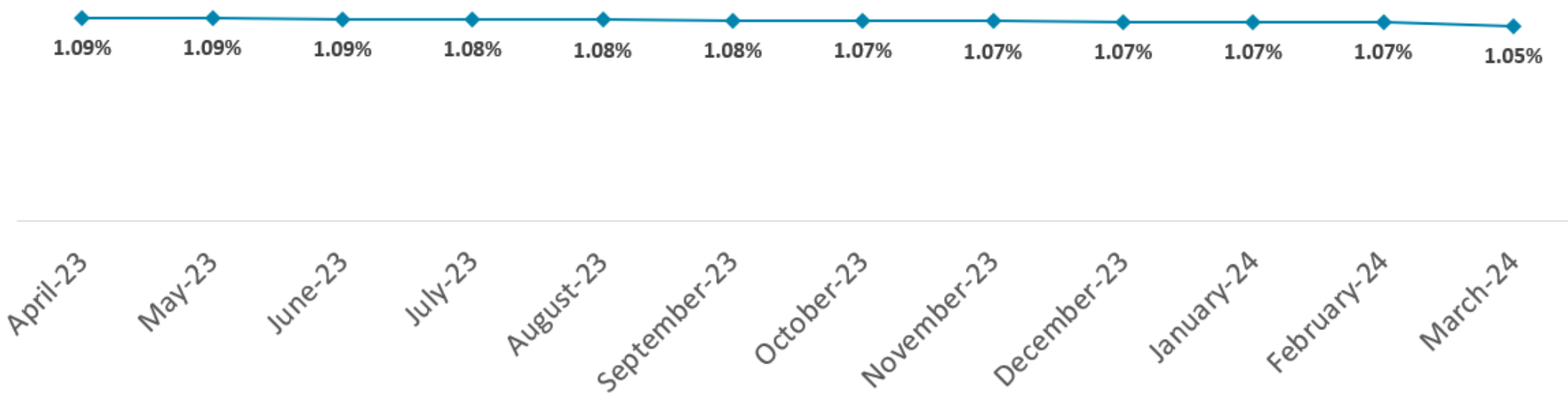
Patient Education Update

Patient Education

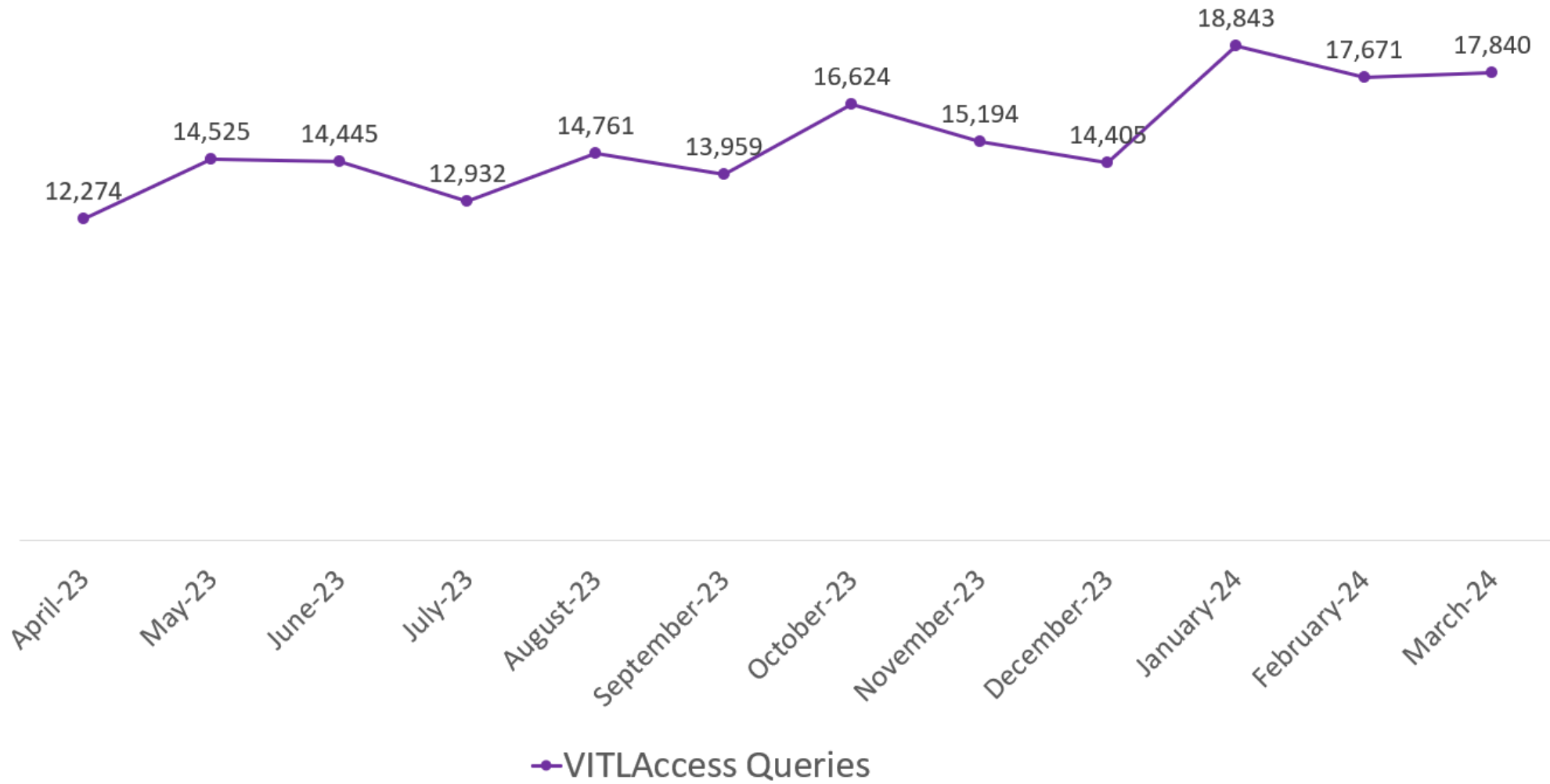
- VITL has launched our second education campaign of FY24. This campaign again utilizes a broad range of media to reach Vermonters across ages, locations, and media habits. Educational messages will be shared via:
 - Social media, including Instagram and Facebook
 - Front Porch Forum
 - Commercial [radio message](#) – radio is used for its broad reach and longer format (30 seconds) which enables us to convey more information about how and why health data is shared
 - VTDigger sponsored news story – this medium offers in-depth content for deeper education
- VITL continues to encourage provider organizations to help educate Vermonters about health data sharing, and supports them with an [education toolkit](#) and a section of [vitl.net](#) specifically for patients.

Quarterly Metrics

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

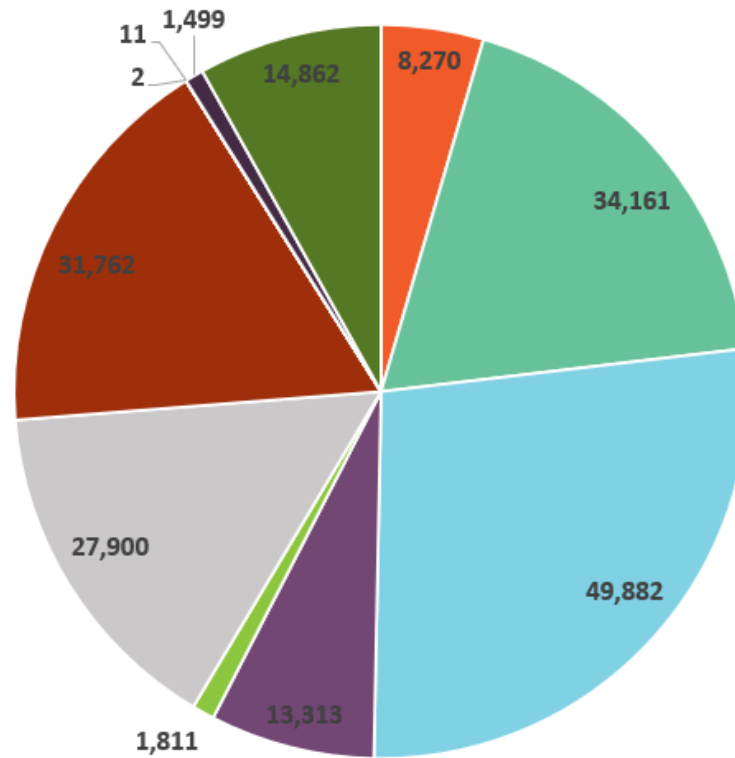


VITLAccess Queries by Month



VITL Access Queries by Organization Type

April 2023 - March 2024

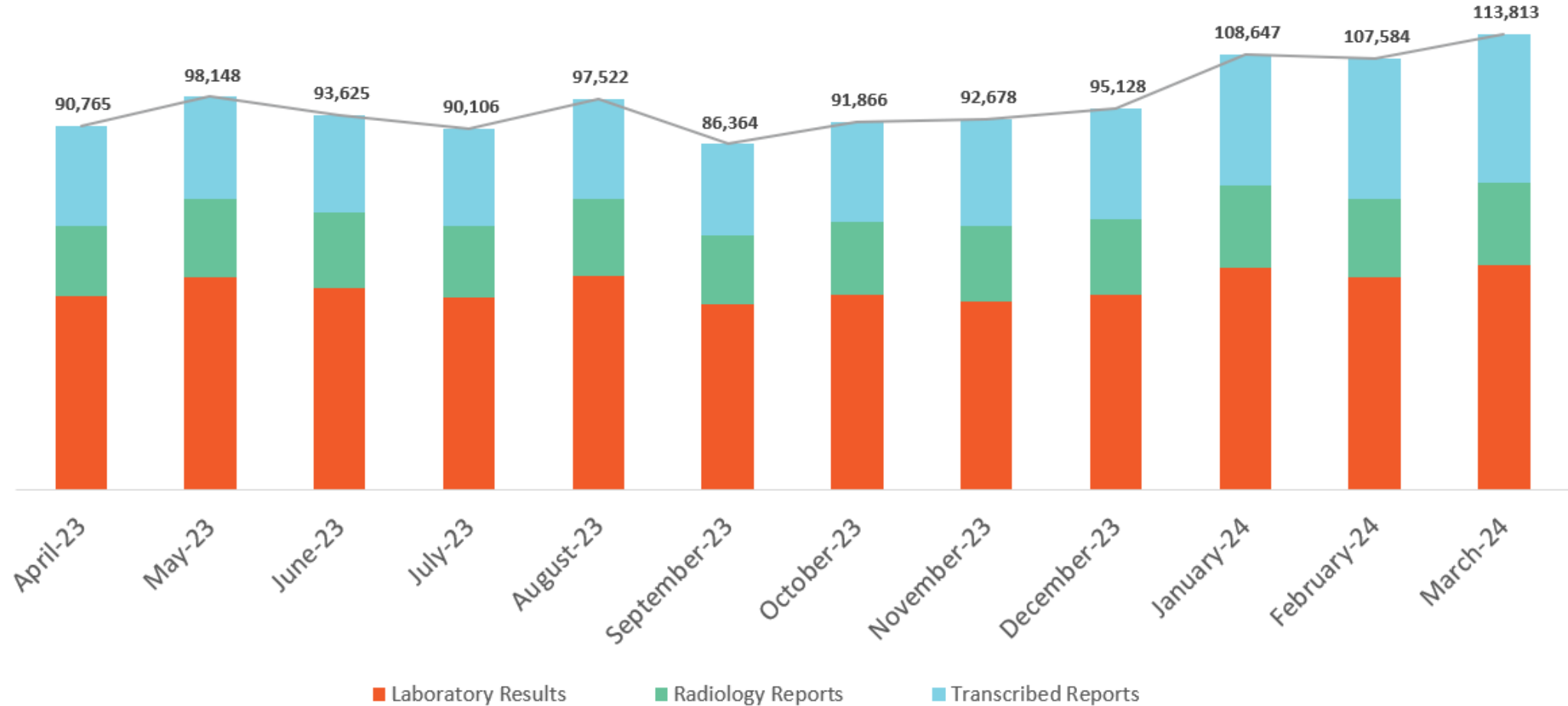


- Designated Agency: 8,270
- Emergency Services: 34,161
- Federal/State Agency: 49,882
- Federally Qualified Health Center: 13,313
- Home Health Agency: 1,811
- Hospital: 27,900
- Independent Practice: 31,762
- Long-Term Care: 02
- Retail Pharmacy: 11
- Specialized Services Agency: 1,499
- Payer: 14,862

Queries of the VHIE via eHealth Exchange

- eHealth Exchange point-to-point connections were decommissioned during the VITL platform transition, eHealth Exchange policy requires any new connections be made through the Hub model.
- VITL is now able to build new Hub connections and is working with UVMHN to complete their connection and working with the VA / DoD to build and test a connection with them.

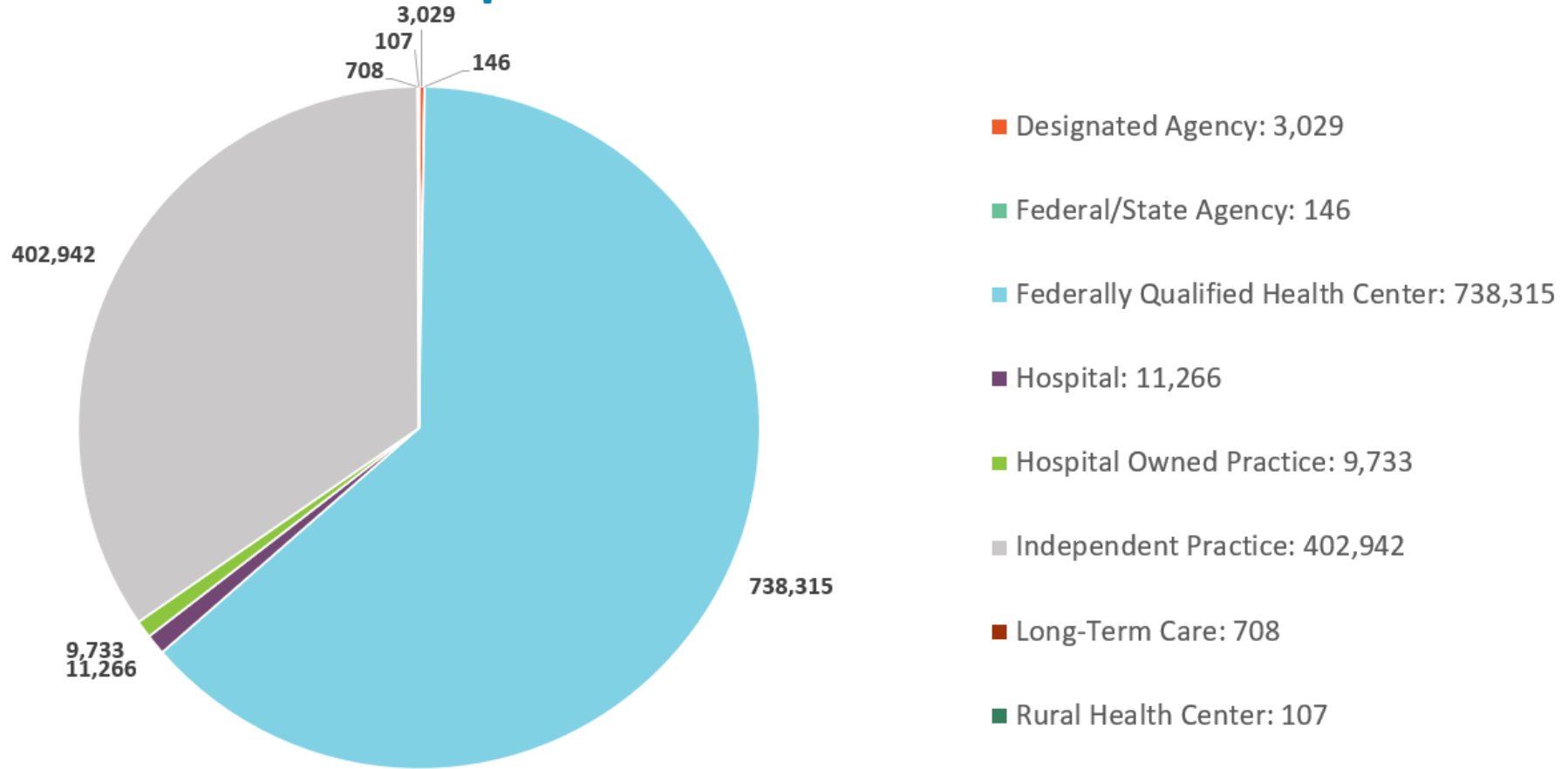
Results Delivery by Result Type



■ Laboratory Results ■ Radiology Reports ■ Transcribed Reports

Number of providers receiving results = 600

Results Delivered by Receiving Organization Type April 2023 - March 2024



Abbreviations List

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

HISP: Health Information Service Provider

Technology and Standards

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

FHIR: HL7's Fast Healthcare Interoperability Resources data standard

EHR: Electronic Health Record

IMR: Vermont Department of Health's Immunization Registry

Financial Terms

COLA: Cost-of-Living Adjustment

CY: Calendar Year

DDI: Design, Development, and Installation

FY: Fiscal Year (begins July 1)

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

HCO: Health Care Organization

MDAAP: Vermont's Medicaid Data Access & Aggregation Program

MDWAS: Medicaid Data Warehouse and Analytic Solution

OCV: OneCare Vermont

ONC: Office of the National Coordinator for Health Information Technology

SoV: State of Vermont

VDH: Vermont Department of Health

VA / DoD: Department of Veterans Affairs / Department of Defense

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children