



# VITL Quarterly Report to the Green Mountain Care Board

November 15, 2023



# Contents

- Program Highlights – page 4
- Patient Education – page 6
- Security Update – page 9
- Financial Update – page 11
- Quarterly Metrics – page 14
- Abbreviations List – page 21

# Program Highlights

# Program Highlights

- This is the first year that VITL's contract with the State of Vermont aligns to our fiscal year, which begins July 1. Work in the first quarter of the contract year included maintenance and operation (M&O) of the Vermont Health Information Exchange (VHIE), and beginning projects for Design, Development, and Implementation (DDI) deliverables. Highlights of those projects include:
- VITL is continuing to **build bi-directional immunization data sharing connections** that enable providers to query for a patient's full immunization history from the Vermont Department of Health's Immunization Registry directly from their EHR. Vaccination needs forecasting is also available.
- VITL is working with the Vermont Department of Health to **expand the list of reportable disease laboratory results** sent via Electronic Laboratory Reporting connections, beyond COVID results.
- VITL is working with the Vermont Department of Health to design and prototype **dashboards to help data contributors understand the quality of the race, ethnicity, and language (REL) data that they are sending** to the Vermont Health Information Exchange.
- VITL continues **work with Designated Agencies to prepare for sharing 42 CFR Part 2 substance use disorder data** between the Designated Agencies and the Vermont Agency of Human Services. Designated Agencies and their vendors are currently reviewing the data elements required for State reporting.

# Program Highlights – Focus on MDLAS

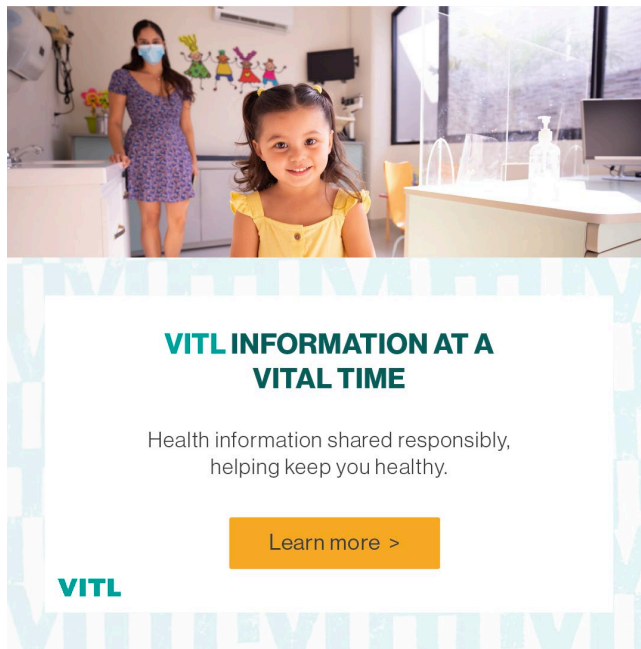
- Integration of VHIE data into the State's Medicaid Data Lake and Analytic Solution (MDLAS) has been a significant focus for VITL in the first quarter of our FY2024.
- This project will result in automated daily delivery of a clinical data extract to the Medicaid Data Lake. Each day, this extract will include the latest clinical data received by VITL for current Medicaid members.
- Work to date has included business analysis and planning sessions with the State and its Medicaid Data Lake vendor, and development and approval of requirements for identifying members and delivering data.
- Next steps include technical design, implementation, testing, and go-live targeted for spring 2024.

# Patient Education


# Patient Education Campaign

- VITL's fall 2023 education campaign utilizes a broad range of media to reach more Vermonters across ages, locations, and media habits. The campaign, running now, includes educational messages on:
  - Social media, including Instagram and Facebook
  - Vermont Public, via a radio sponsorship message
  - Commercial [radio message](#) – this is a new medium for VITL, being 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](#) – another new medium, also offering more in-depth content for deeper education
- All campaign tactics offer the opportunity to learn more at [vitl.net/sharing](https://vitl.net/sharing), where Vermonters can read our data sharing FAQs and can opt-out of data sharing or begin the process of opting-back-in, requesting their record, or requesting an audit of access to their record. The site also encourages calling the VITL team with questions.

# Patient education campaign sample content



Social posts (sample above) achieve broad reach while a sponsored news story (right and [linked](#)) offers deeper education.

**vt**digger    
News in pursuit of truth

Donate Menu


Jobs Flooding Government & Politics Economy Environment Education Health Public Safety

**SPONSOR SPOTLIGHT**

## Access to health information improves care: The five most commonly asked questions about health information sharing in Vermont

**VITL**  
Sponsored By VITL  
October 26, 2023, 3:03 pm

[f](#) [x](#) [e](#) [in](#)



When you walk into a doctor's office, you expect that they have easy access to all of the relevant information they need to make the right decisions for your care. In the past, doctors actually spent large amounts of time trying to collect patient information — time that they would prefer to spend with their patients.



# Security Update

# Security Update

- Security policy project underway to refine and update policies aligned to NIST 800-53, Framework, including:
  - Incident response
  - Identity and authentication
  - Configuration management
  - Contingency planning
  - Supply chain risk management
- Preparing for the annual security assessment, which engages a third-party expert to guide VITL through an evaluation of our adherence to rigorous national security standards and to identify improvement opportunities and priorities.



# Financial Update

# Financial Update

- Fiscal Year 2023 audit (July 1, 2022 – June 30, 2023)
  - Field work is complete. We will present the final audited financials with our next update.
  - The overall fiscal year 2023 financial performance was inline with the projection presented with out FY24 budget in May.
- Fiscal Year 2024 (July 1, 2023 – June 30, 2024)
  - Year to date performance through September 30 is presented on the following slide.
  - This is the first year that our contract with AHS aligns with our fiscal year. At this time, we expect to operate within five percent of budgeted revenues and expenses and therefore do not anticipate presenting a budget amendment. We will reevaluate our projections again prior to February 15.

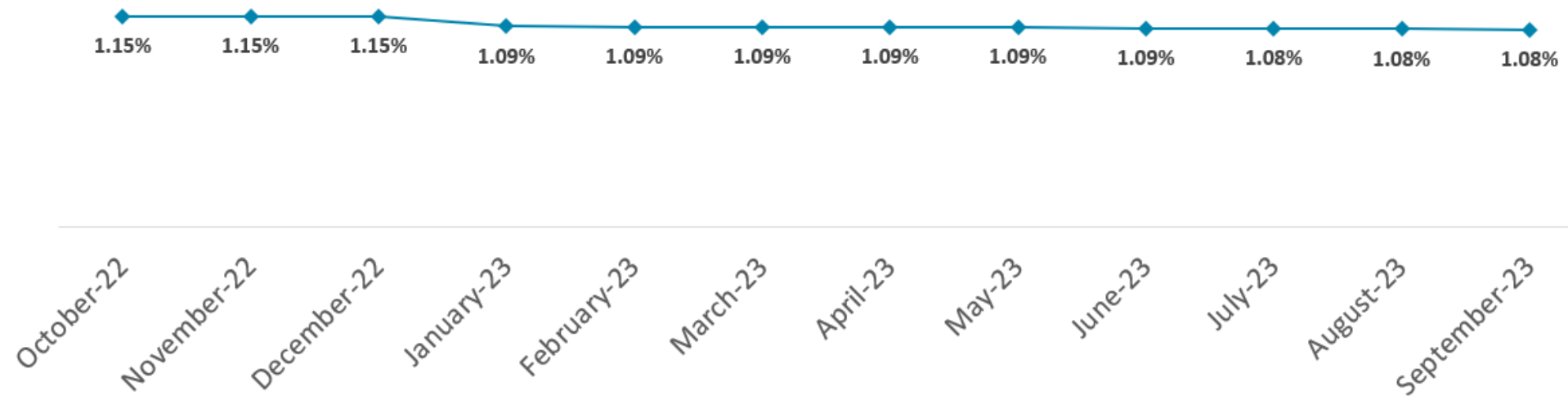
# FY24 Performance through September 30

- **Revenue** through September 30 is below budget as a result of the timing of the recognition and collection of revenue. This is solely a timing issue, and we expect to realize the budgeted revenue during the fiscal year.
- **Expenses** are generally less than budgeted. In most cases, this is because the budget is spread evenly throughout the year, but certain costs occur on a less frequent basis and have not yet been incurred. In addition, personnel expense is behind budget due to timing of hires, though this will be somewhat offset by costs for contractors during the vacancies. Overall, we expect to see most expense lines catch up with the budget.

	YTD Actual Results	YTD Budget	YTD Budget Variance
<b>Revenue</b>			
Contract Revenue	1,678,290	2,665,168	(986,878)
Program Fees	39,327	35,127	4,200
Other Income	41,764	15,000	26,764
<b>Total Revenue</b>	<b>1,759,381</b>	<b>2,715,295</b>	<b>(955,914)</b>
<b>Personnel Costs</b>			
Salaries & Wages	543,066	664,475	(121,409)
Fringe Benefits	239,975	302,494	(62,519)
<b>Total Personnel Costs</b>	<b>783,041</b>	<b>966,969</b>	<b>(183,928)</b>
<b>Materials/Serv Expenses</b>			
Network Expenses	89,013	145,181	(56,168)
Software	528,953	645,198	(116,245)
Outside Support	496,790	733,386	(236,596)
Education & Outreach	29,679	47,475	(17,796)
Travel	1,947	20,420	(18,473)
Supplies	1,776	6,488	(4,712)
Occupancy	6,633	6,688	(55)
Telecom	5,958	6,760	(802)
Insurance	33,080	36,423	(3,343)
Other	14,620	42,500	(27,880)
Training/Prof. Develop	10,332	59,147	(48,815)
UFF Contract Costs	0	0	0
Loss Provision	0	0	0
<b>Total Materials/Serv Expenses</b>	<b>1,218,781</b>	<b>1,749,665</b>	<b>(530,884)</b>
<b>Total Expenses</b>	<b>2,001,822</b>	<b>2,716,634</b>	<b>(714,812)</b>
<b>Change in Net Assets</b>	<b>(242,441)</b>	<b>(1,338)</b>	<b>(241,103)</b>

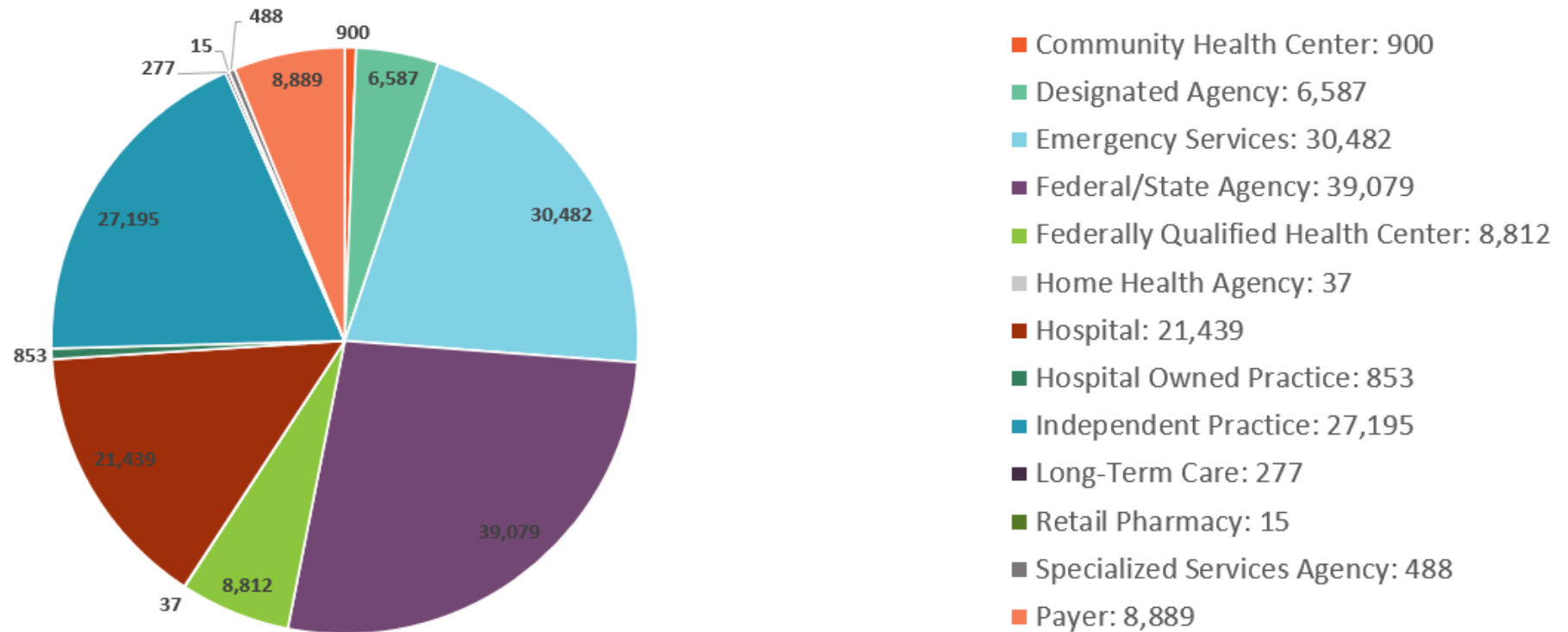
# Quarterly Metrics

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



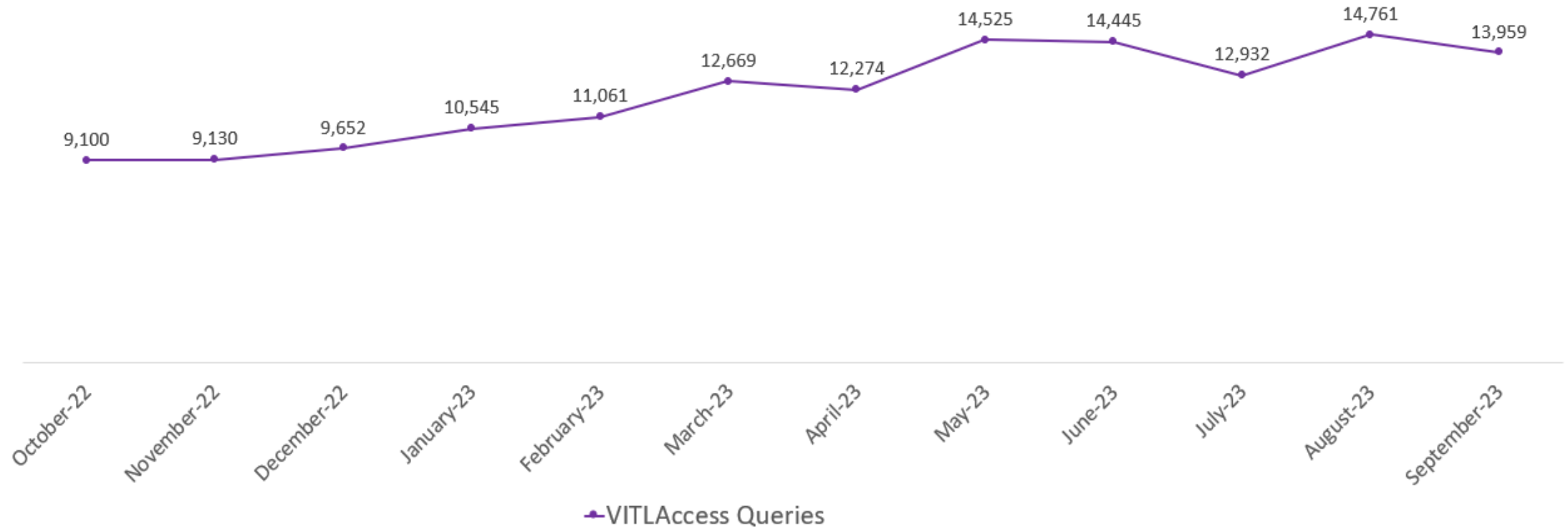
# VITLAccess Queries by Organization Type

## October 2022 - September 2023

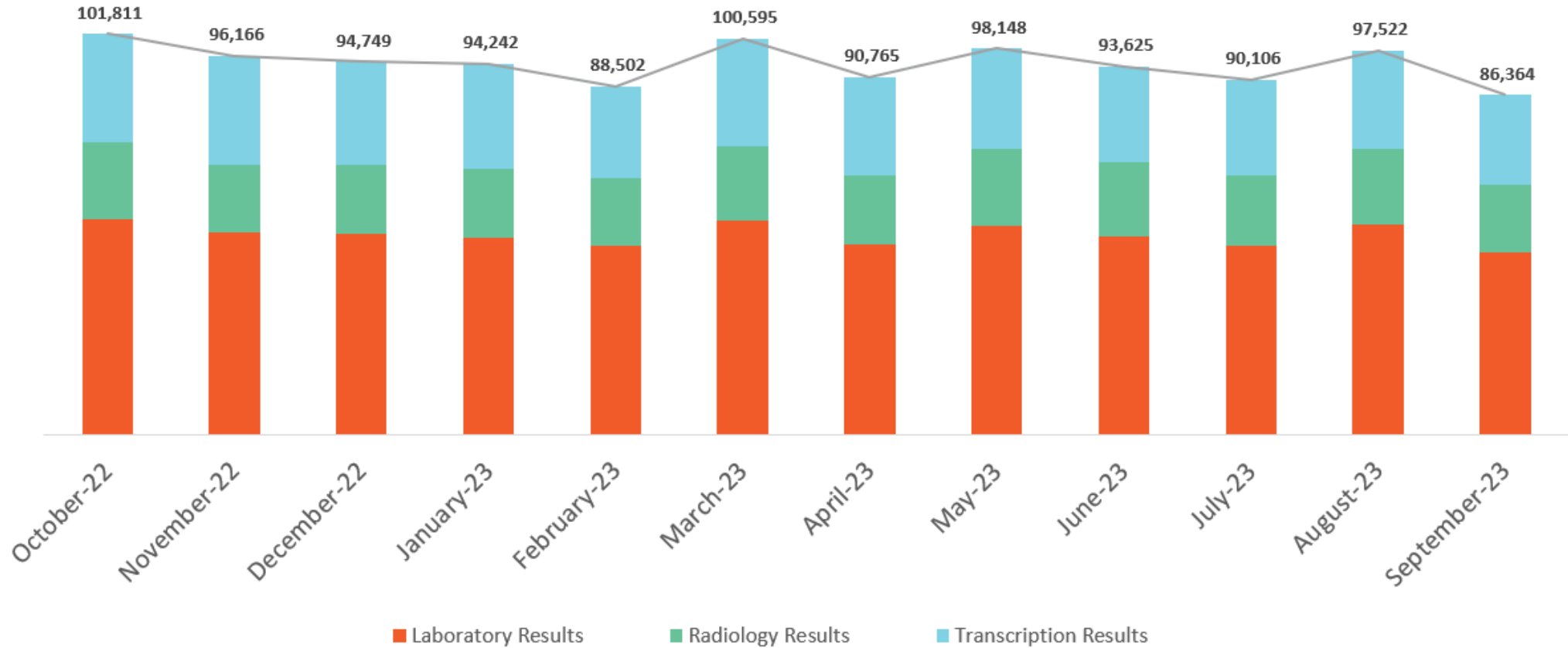




## VITLAccess Queries by Month

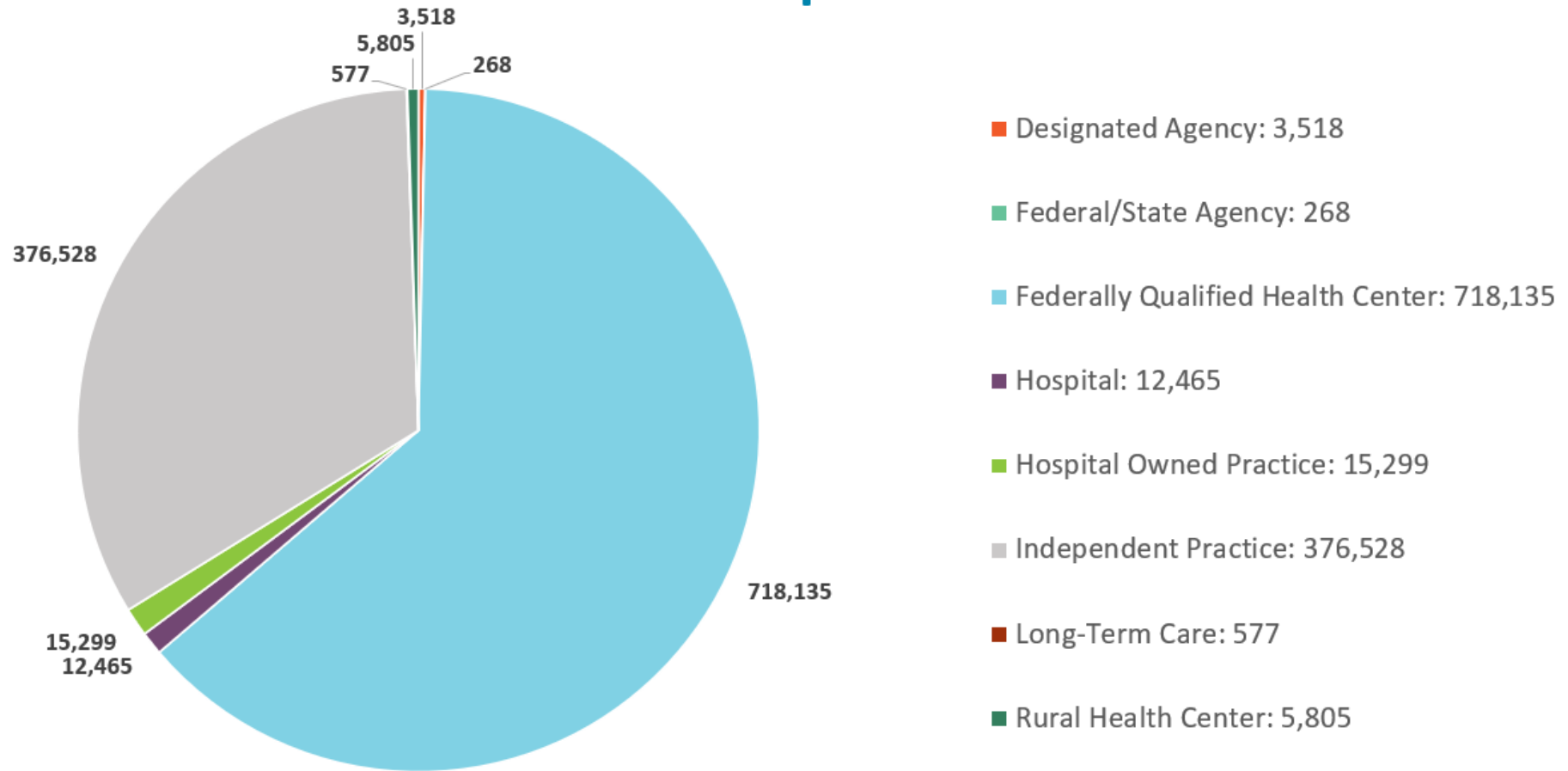


# Results Delivery by Result Type



Number of providers receiving results = 589

## Results Delivered by Receiving Organization Type October 2022 - September 2023



# 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 and beginning work with the VA / DoD to build and test connections with them.

# 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

## 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

CY: Calendar Year

DDI: Design, Development, and Implementation

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

MDAAP: Vermont's Medicaid Data Access & Aggregation Program

MDLAS: Medicaid Data Lake and Analytic Solution

OCV: OneCare Vermont

SoV: State of Vermont

VDH: Vermont Department of Health

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