




To: Kevin Mullin, Chair, Green Mountain Care Board  
Jessica Holmes, Board Member  
Robin Lunge, Board Member  
Tom Pelham, Board Member  
Maureen Usifer, Board Member  
Susan J. Barrett, Executive Director

cc: Jessica Mendizabal, Data Project Director

From: Beth Anderson, President & CEO, VITL 

Date: November 15, 2021

Re: VITL Quarterly Update

I am excited to provide VITL's Quarterly Update for your review. The attached presentation offers updates on much of our work, and also the regular quarterly metrics. Please note that we are working to complete our draft FY21 audit and review it with our Board of Directors. For that reason, our financials are not included with this package, but will be provided for your review by the end of November.

### **Accomplishments**

As we shared in our August update, September 30 was a significant date as many of our State contract deliverables were due for completion, in alignment with the expiration of HITECH funding. The VITL team's work for the first quarter of this fiscal year has included many significant achievements:

- Launching a full clinical database
- Ingesting claims data and linking patient claims and clinical records
- Initiating a pilot of a new clinical portal
- Developing a data governance policy
- Exceeding our contract targets for new interfaces
- Surpassing targets for VITLAccess (provider portal) onboardings
- Engaging stakeholders about collecting sensitive (Part 2) data
- Providing meaningful use and security risk assessment consulting to providers across the state
- Continuing to support the Department of Health's (VDH) needs for COVID-related data
- Planning for and began work to decommission legacy infrastructure
- Beginning work with a number of facilities to support electronic health record transitions to ensure data continues to flow through the Vermont Health Information Exchange, including the transition of Porter and CVMC to Epic

### **CY22 Contract**

We have also been working with the health information exchange team at the Agency of Human Services (AHS) to develop our contract for Calendar Year 2022 (CY22). The deliverables that have been proposed to the Centers for Medicare and Medicaid Services (CMS) align with what was presented for our FY22 budget and the priorities of the Health Information Exchange Strategic Plan that will be presented to the GMCB by

the AHS team on November 17. The work includes continuing the implementation and enhancement of the VHIE:

- Designing and developing a robust reporting capability that allows for better, more timely access to Vermont Health Information Exchange data
- Launching a new provider portal
- Developing patient-facing application programming interfaces (APIs) to offer individuals access to their health data, in alignment with federal interoperability goals
- Supporting the Vermont Department of Health Access' (DVHA) needs to provide patient data to meet new requirements from the Centers for Medicare and Medicaid Services (CMS)
- Upgrading the platform to the newest version of the FHIR data exchange standard
- Designing requirements for integrating AHS' social determinants of health data
- Continuing support of VDH's needs, including integration of the VHIE and the Immunization Registry

In addition, we are in continuing discussions with the teams at the Agency for Digital Services and AHS to design a project that would allow the Vermont Health Information Exchange to serve as a data warehouse to meet the needs of DVHA, and meet CMS's stated goals of reuse and modularity.

### **Strategic Plan and Business Model**

In September, the VITL Board of Directors approved a new strategic plan. The plan is founded on five strategic directions, which will guide our work for the next three - five years:

- Focus on Our Customers
- Tell Our Story
- Be the Go-To Partner for Exchanging Vermont's Health Information
- Build a Learning Organization
- Ensure Sustainability

We have included a one-pager that provides greater detail of our goals and directions.

Since our last update, we've also continued work on developing a business model for our future. As you likely recall, funding from CMS is transitioning from HITECH to new, still evolving models. VITL is looking to identify new revenue sources. VITL would like to be less reliant on a single source of funding, and to pursue opportunities that deliver increased value for Vermont care providers and patients. We have been working with a consulting firm with deep experience with health information exchanges, talking with peers in other states, and listening to our clients to identify best practices and opportunities for valuable services VITL can offer. We are also in conversations with the AHS team to understand what funding might look like in the coming years, what foundational health information exchange services they hope to support, and what gaps we might have. Our goal is to develop a fee model that enables the Vermont Health Information Exchange to continue to deliver valuable data and services, includes manageable investment by the organizations that use the services, and that ultimately ensures VITL's sustainability to continue to serve Vermont providers and patients. We will continue to update you on this work as we develop our model.

Thank you for the opportunity to present our work. Please let me know if you have any questions.