

A background graphic consisting of a network of interconnected nodes and lines. The nodes are represented by circles of varying sizes, and the lines are a mix of solid and dashed, creating a complex web-like structure. The entire graphic is rendered in a light blue color against a darker blue background.

# VITL Budget Amendment Presentation and Brief VITL Overview and Update

February 22, 2023



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# Abbreviations in the Presentation

## VITL and Our Work

VITL: Vermont Information Technology Leaders Inc  
(known as VITL)

VHIE: Vermont Health Information Exchange

## Partners and Programs

AHS: Vermont Agency of Human Services

DVHA: Department of Vermont Health Access

VDH: Vermont Department of Health

## Finances and Contracts

CY: Calendar Year

FY: Fiscal Year (VITL's fiscal year begins on July 1)

M&O: Maintenance and Operations

# VITL Overview

# About VITL

- VITL operates the Vermont Health Information Exchange, in accordance with Vermont Statute 18 V.S.A. § 9352:

*(c)(1) Health information exchange operation. VITL shall be designated in the Health Information Technology Plan approved by the Green Mountain Care Board pursuant to section 9351 of this title to operate the exclusive statewide health information exchange network for this State. The Plan shall determine the manner in which Vermont's health information exchange network shall be managed. The Green Mountain Care Board shall have the authority to approve VITL's budget pursuant to chapter 220 of this title.*

- Nonprofit organization founded in 2005
- Board members represent hospitals, health care providers, health technologists, payers, and businesses across Vermont

# VITL 2022 Annual Report

The [VITL Annual Report](https://vitl.net) is available at vitl.net.

The report provides an overview of VITL with a focus on partnerships and achievements in 2022.



# What VITL Does / How the Vermont Health Information Exchange Works

- **Collects, matches, and standardizes** patient data in real time from health care providers caring for Vermonters to create one longitudinal record for each person
- **Serves as a hub** for efficient data sharing, eliminating the need to build and maintain multiple point-to-point connections
- **Protects patient data** through robust security practices and ensuring appropriate access to data
- **Makes data available** to inform:
  - Patient care
  - Quality improvement
  - Health care reform
  - Public health activities
  - Population health initiatives
  - Case management

# VITL Participants

	Contribute Data	Access Data
Hospitals <i>(including all Vermont hospitals and a border hospital, along with their inpatient and ambulatory services, emergency departments, and owned specialty and primary care practices)</i>	16	16
Vermont Federally Qualified Health Centers	11	10
Independent Specialty and Primary Care Practices	29	63
Home Health Agencies	5	6
Nursing Home and Long-term Care Facilities	0	4
Pharmacy Chains and Independent Pharmacies	10	1
Laboratories (State and Commercial)	20	0
Departments of the State of Vermont	2	4
Designated Mental Health Agencies and Specialized Services Agencies	1	12
Emergency Medical Services	0	37
Payers & Accountable Care Organizations	0	3



# How the Vermont Health Information Exchange is Funded

- The majority of VITL's current funding results from a contract with the Department of Vermont Health Access (DVHA), within the Agency of Human Services (AHS)
  - Maintenance and Operations supports the ongoing operation of the VHIE
  - Design, Development and Installation supports the implementation of new functionality and capabilities
- State health information exchange priorities and funding are guided by the Health Information Exchange Steering Committee
- The Health Information Exchange Steering Committee documents its priorities in the 5-year Health Information Exchange Strategic Plan, approved annually in November by the Green Mountain Care Board

# Budget Adjustment

# FY23 Budget Amendment

- VITL has updated our forecast for FY23 for the Green Mountain Care Board's consideration.
- The Amended Budget reflects our projection of activities to occur through the end of the fiscal year on June 30, and includes:
  - Actual experience over the first 6 months of the fiscal year
  - The half year contract extensions that was signed with DVHA to cover January 1 – June 30, 2023

# FY23 Forecast

- Revenues increase by \$543k
- Expenses increase by \$541k
- Net assets of \$1,315 higher than original budget, or \$75,020 after capital expenditures

# Key Changes in Revenue

- Increases:
  - Extended funding for Vermont Rural Health Alliance, including data quality and quality improvement activities, through June 30: \$280k
  - Shift of CY22 revenue recognition from FY22 to FY23: \$216k
  - Expanded bidirectional immunization connection work to include more health care organizations: \$95k
  - Work to support the aggregation of data from the Designated Agencies: \$380k
- Decreases
  - M&O lower than budgeted: \$470k

# Key Changes in Expenses

- Increases

- Increased use of outside support to complete projects and fill vacancies: \$320k
- Extended contract with Vermont Rural Health Alliance: \$280k
- Increased costs for recruiting and training: \$168k
- Unfulfilled contract costs incurred in the prior fiscal year with revenue collected in the current year: \$93k

- Decreases

- Lower staffing than budgeted due to vacancies: \$230k
- Contingency decreased: \$30k

# Public Education

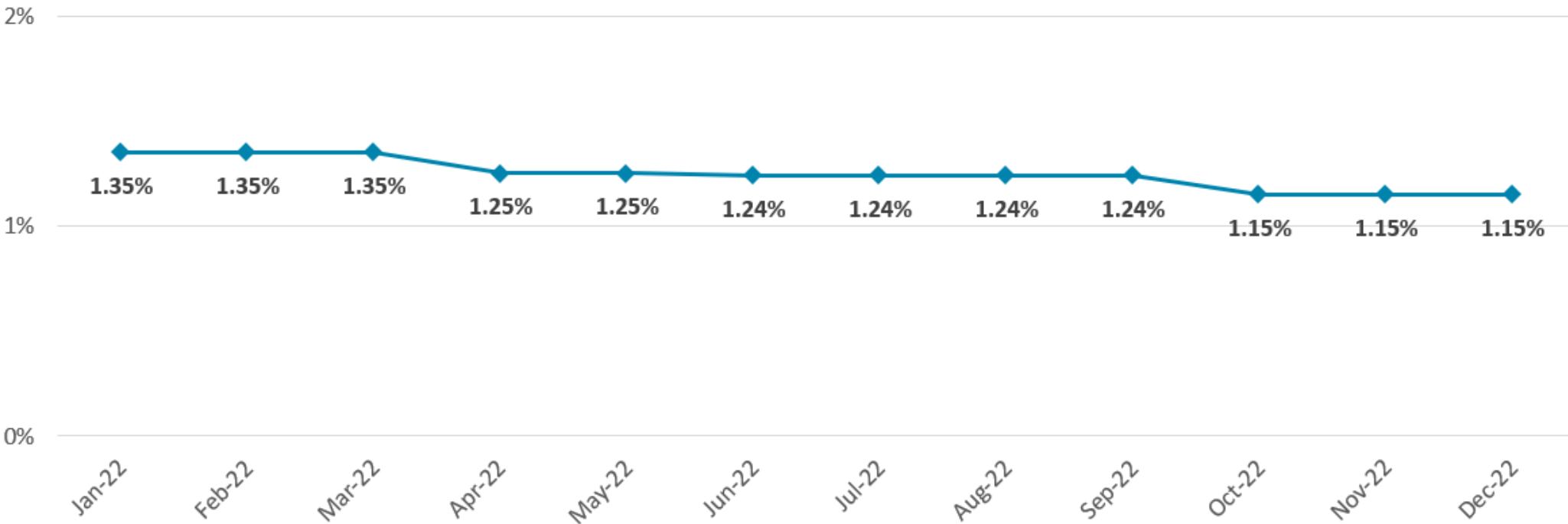
# Public Education

- VITL will continue its direct outreach to Vermonters in recurring education campaigns. The last campaign ran in June – September 2022, VITL is planning the next iteration for this summer.
- VITL asks participating organizations to partner in educating their patients about how data is shared and patients' options.
  - VITL maintains a toolkit of education resources to support patient education by participating organizations.
  - Orientation to education materials is provided at onboarding, check-ins, and via email campaign.

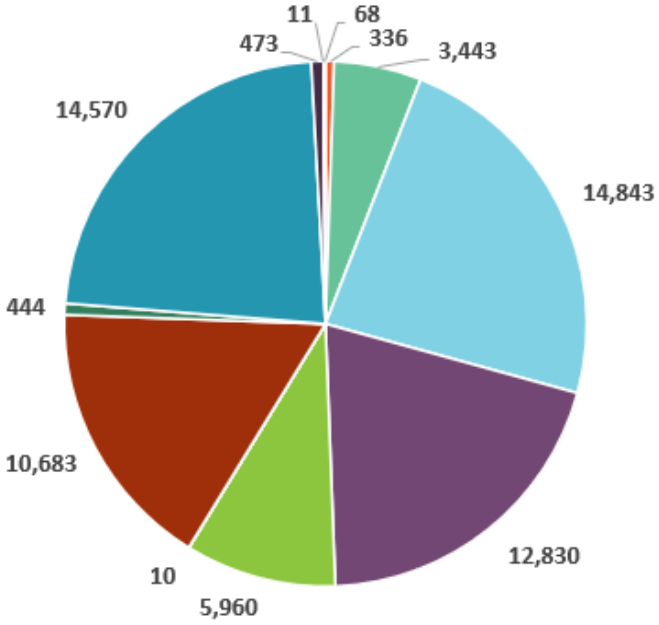


# Quarterly Metrics

# Percent of Vermont Patients Opted Out of the VHIE

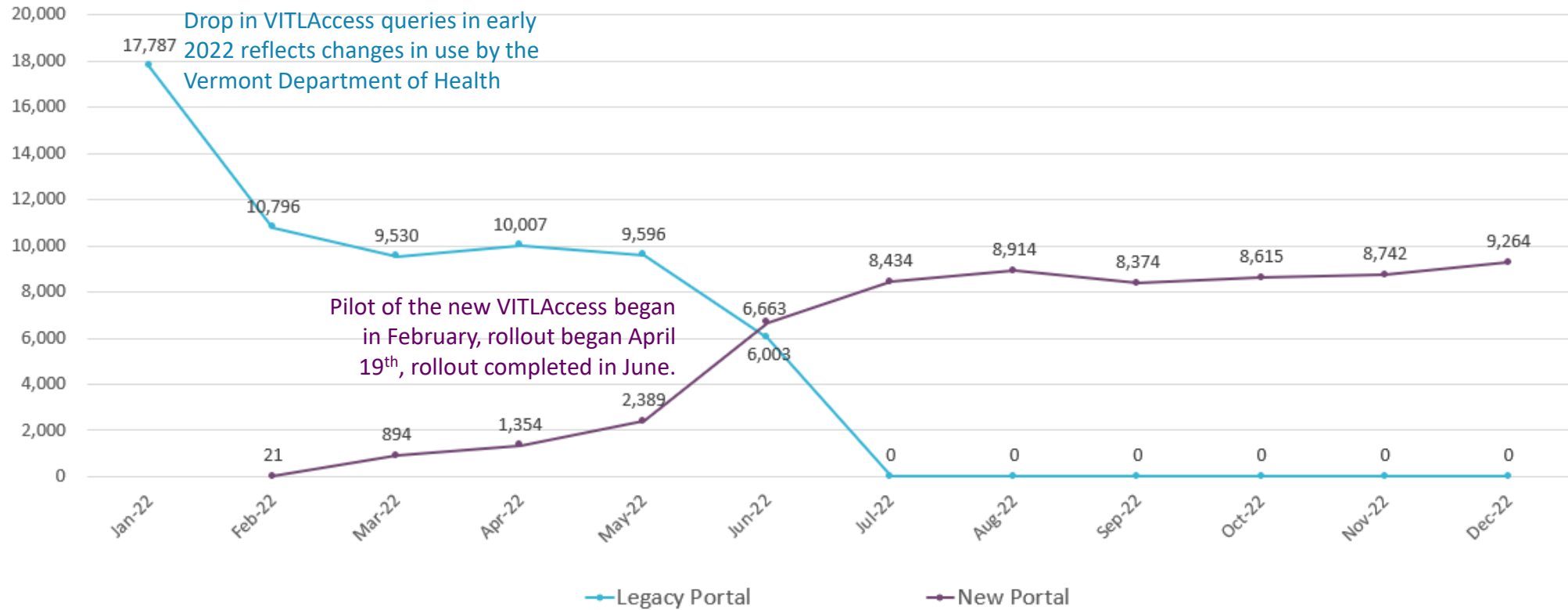


# VITL Access Queries by Organization Type January 2022 - December 2022



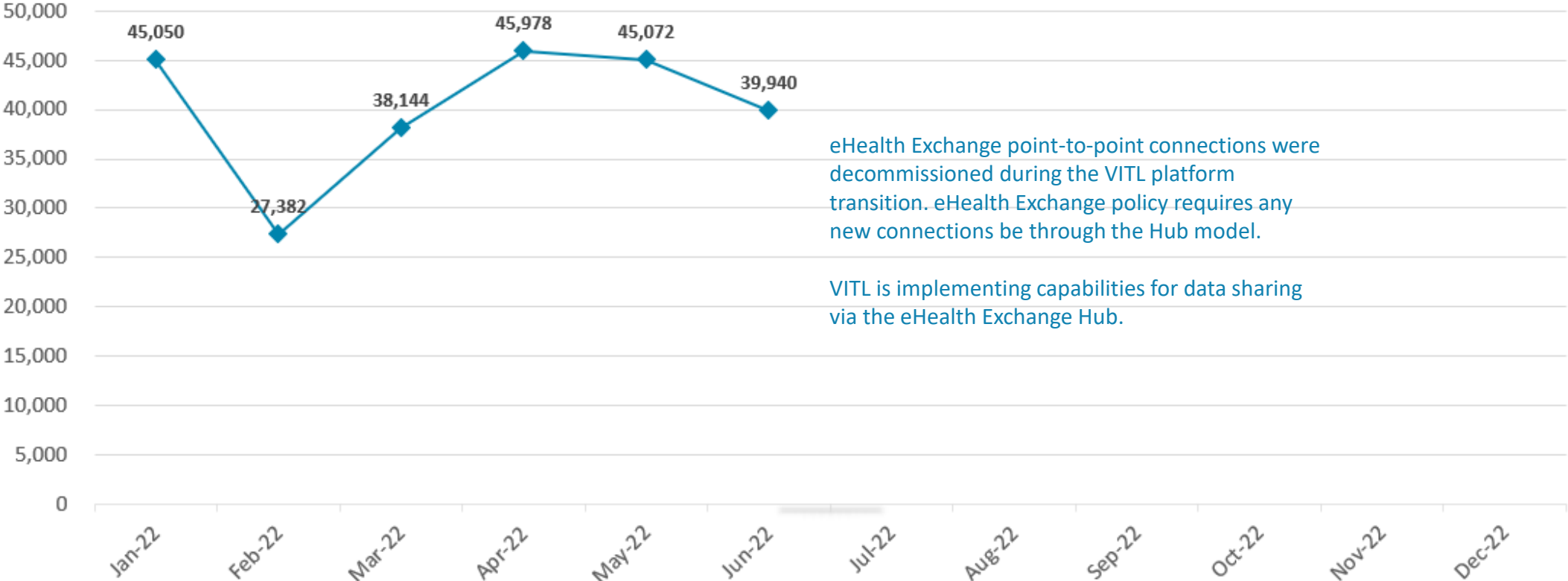
- Community Health Center: 336
- Designated Agency: 3,443
- Emergency Services: 14,843
- Federal/State Agency: 12,830
- Federally Qualified Health Center: 5,960
- Home Health Agency: 10
- Hospital: 10,683
- Hospital Owned Practice: 444
- Independent Practice: 14,570
- Long-Term Care: 473
- Retail Pharmacy: 11
- Specialized Services Agency: 68

# VITLAccess Queries by Month



# Queries of the VHIE via eHealth Exchange

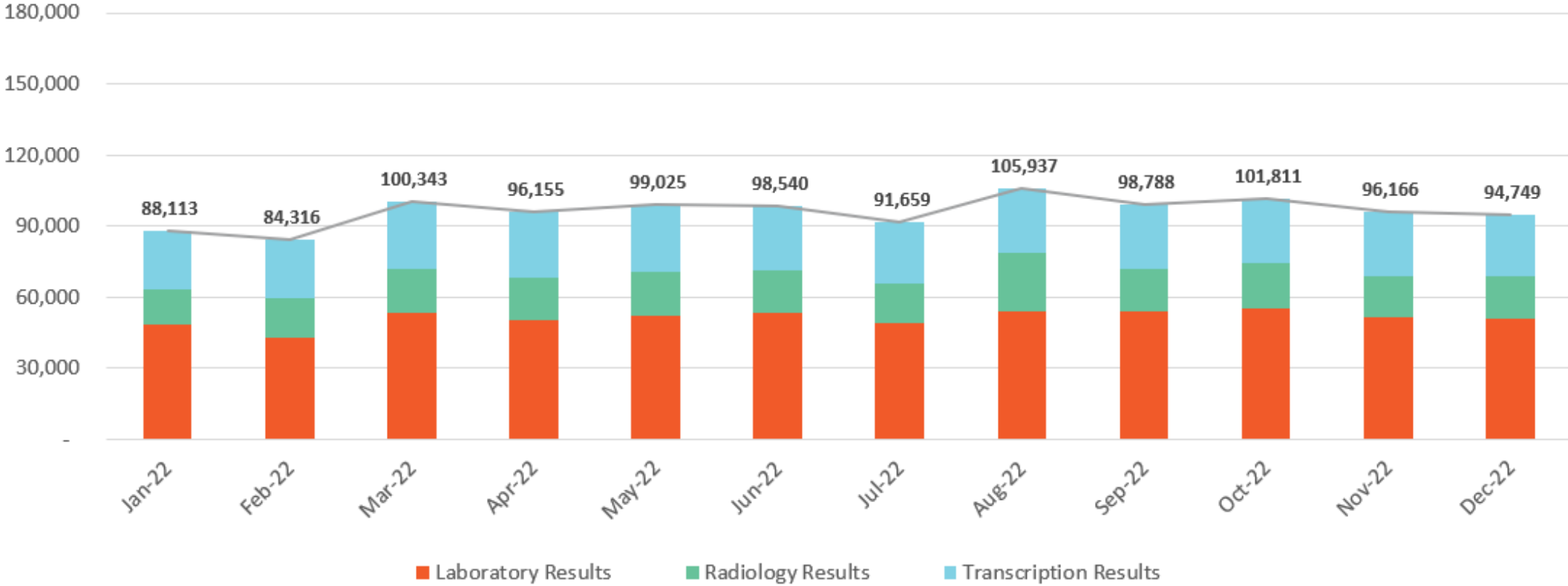
(University of Vermont Medical Center, Veterans Affairs, Department of Defense)



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.

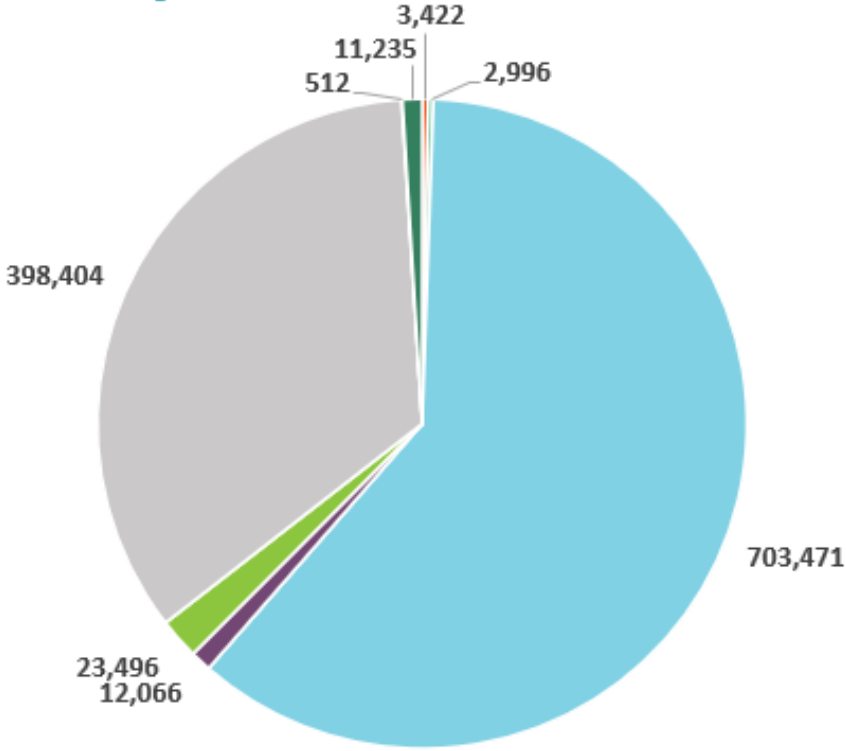
VITL is implementing capabilities for data sharing via the eHealth Exchange Hub.

# Results Delivery by Result Type



Number of providers receiving results = 586

# Results Delivery by Receiving Organization Type January 2022 - December 2022



- Designated Agency: 3,422
- Hospital: 12,066
- Long-Term Care: 512
- Federal/State Agency: 2,996
- Hospital Owned Practice: 23,496
- Rural Health Center: 11,235
- Federally Qualified Health Center: 703,471
- Independent Practice: 398,404