

The background of the slide features a complex, abstract network diagram. It consists of numerous circular nodes of varying sizes, some solid and some hollow, interconnected by a web of thin, light-blue lines. The lines are both straight and curved, creating a sense of dynamic connectivity. The overall pattern is dense and organic, resembling a molecular structure or a digital network map.

Vermont Information Technology Leaders

Quarterly Update
9/30/2020



Topics

- ❑ Introduction
- ❑ Consent & Sensitive Data
- ❑ Interoperability Rules
- ❑ Collaborative Services
 - ❑ Update
 - ❑ Cost Savings
- ❑ Quarterly Update
- ❑ Financials

Introduction

Overview

- Collaborative Services Phase II
- COVID support
- CY21 Contract Discussions
- BOD Changes

Supporting VDH's data needs

We continue to work with the Department of Health (VDH) and Agency of Digital Services to provide data to support the State's pandemic response

- Providing access to **patient data** for syndromic surveillance and contact tracing
- Automating the capture of data for daily **hospital reporting** to monitor hospitalizations and resource usage for submission to the Department of Health and the federal Health and Human Services agency (rewrote reports to meet data changes with shift of reporting to the federal Health and Human Services agency), minimizing manual data collection by hospitals and improving data quality
- Ensuring **test results** are available in the Vermont Health Information Exchange – continuing to work with the Department of Health to identify and prioritize new testing labs to capture data
- Educating emergency services agencies about the **provider portal**
- Working with the Department of Health to understand needs around **immunization data**, planning and delivery
- Providing custom **reports** for participating health care organizations, where requested

Consent & Sensitive Data

Opt-out transition: consent requests

Dates (4-week periods)	Information Requests to VITL	Opt-out Requests to VITL
01/26/20 - 02/22/20	38	84
02/23/20 - 03/21/20	59	292
03/22/20 - 04/18/20	7	13
04/19/20 - 05/16/20	9	16
05/17/20 - 06/13/20	8	40
06/14/20 - 07/11/20	12	28
07/12/20 - 08/08/20	7	13
08/09/20 - 08/31/20	2	6
Totals	142	492

VHIE education & consent policy communications to Vermonters

- Ongoing development of resources to support provider / health care organization communication with patients
- Broad outreach paused in April
- Reminding stakeholders of resources available to support targeted communication with populations they serve



What is this?

So what is the Vermont Health Information Exchange?

The Vermont Health Information Exchange keeps your health records in one secure place. When you see a doctor or healthcare provider who participates, an electronic record may be sent to the Health Information Exchange. This record is ready for the next doctor you see so they know your health history. This doctor adds to your record so it's ready for the next doctor, and so on.

It puts your providers on the same page.



What are my options?

Now that you know more about the Vermont Health Information Exchange, let's talk about your options.

Participate

If you want the benefit of all your providers having your medical record you have nothing to do. If your providers participate, your records will be shared on the Health Information Exchange.

Get more information before you decide

Your doctor or healthcare provider can answer questions about the Health Information Exchange. Or you can call the Health Information Exchange Hotline at **1-888-980-1243**.

Don't participate

You can choose to not have your records shared with providers. This is called opting out. If you opt out, your record will be stored in the Health Information Exchange. But your providers will not be able to see it, except in emergencies.

To opt out, visit **VTHealthInfo.com** to complete or download the opt out form or call the Health Information Exchange Hotline at **1-888-980-1243**.

If you have questions and want to talk to a resource that is independent of the Vermont Health Information Exchange, call the Health Care Advocate Helpline at 1-800-917-7787.



VTHealthInfo.com

For questions, call the Health Information Exchange Hotline at 1-888-980-1243.

Example: new flyer and translation

ဗာမောက်ကျန်းမာရေးအချက်အလက်လဲလှယ်မှု

ဗာမောက်ကျန်းမာရေးအချက်အလက်လဲလှယ်မှု ဆိုတာဘာလဲ။

ဗာမောက်ကျန်းမာရေးအချက်အလက်လဲလှယ်မှု ဆိုတာ သင့်ရဲ့ ကျန်းမာရေး အချက်အလက်များကို လုံခြုံသော နေရာတစ်ခုမှာ သိမ်းဆည်းထားခြင်း ဖြစ်ပါသည်။ သင်သည် ဆရာဝန်တစ်ယောက် သို့မဟုတ် ကျန်းမာရေးစောင့်ရှောက်သူ တေယောက်နှင့် ငွေသေသာအခါ သင့်ရဲ့ ကျန်းမာရေး အချက်အလက်များကို ကျန်းမာရေး လဲလှယ်မှုသို့ ပို့မည်ဖြစ်ပါသည်။ ထိုမှတ်တမ်းအား နောက်တခါ ဆရာဝန်တယောက်နှင့် ငွေသေသာအခါ သင်၏ကျန်းမာရေးရာဇဝင် ကိုသိရှိနိုင်မည် ဖြစ်ပါသည်။ ထိုဆရာဝန်မှ ကျန်းမာရေးမှတ်တမ်းကိုထပ်မံထည့်ပြီး နောက်ဆရာဝန်တယောက်အတွက် အဆင်သင့်ဖြစ်စေပါလိမ့်မည်။

¿Qué es esto?

Entonces, ¿qué es el Health Information Exchange de Vermont?

El Health Information Exchange de Vermont mantiene sus registros de salud en un lugar seguro. Cuando vea a un médico o proveedor de atención médica que participe, se puede enviar un registro electrónico a Health Information Exchange. Este registro está listo para el próximo médico que visite para que conozca su historial de salud. Este médico se añade a su registro para que esté listo para el siguiente médico, y así sucesivamente.

De quoi s'agit-il ?

Qu'est-ce que le Vermont Health Information Exchange ?

Le Vermont Health Information Exchange conserve vos dossiers de santé dans un endroit sécurisé. Lorsque vous consultez un médecin ou un prestataire de santé participant au programme, un dossier électronique peut être envoyé au Health Information Exchange. Ce dossier est à la disposition du prochain médecin que vous consulterez afin qu'il puisse prendre connaissance de vos antécédents médicaux. Le médecin complète alors votre dossier et le met à disposition du médecin suivant, et ainsi de suite.

ما هذا؟

إن ما برنامج فيرمونت لتبادل المعلومات الصحية؟

يحتفظ برنامج فيرمونت لتبادل المعلومات الصحية بسجلاتك الصحية في مكان واحد آمن. عندما تذهب إلى طبيب أو مقدم رعاية صحية من المشاركين، قد يُرسل سجل إلكتروني إلى برنامج تبادل المعلومات الصحية. يكون هذا السجل جاهزًا للطبيب التالي الذي تذهب إليه حتى يُطلع على تاريخك الصحي. يضيف هذا الطبيب إلى سجلك ليكون مُعدًا للطبيب التالي، وهكذا.

يُدرج البرنامج مقدمي الرعاية الصحية على الصفحة نفسها.

Integrating sensitive data

- Project to explore consent policy for sharing Substance Use Disorder treatment data and other sensitive data via the Vermont Health Information Exchange
- Started with a focus on 42 CFR Part 2, shifting in response to the CARES Act
- Convened a stakeholder advisory group, representation from Designated Agencies, Federally Qualified Health Centers, and Substance Use Disorder treatment

Sensitive data stakeholder engagement plan

Phase 1: Designing policies and procedures

- One-on-ones with interested organizations
- Focus groups with providers, staff
- Planning for patient engagement (format TBD)

Phase 2: Piloting implementation

- Aiming for a Designated Agency, a Federally Qualified Health Center, and a specialty treatment setting
- Iterate with feedback from providers, staff, patients

Interoperability Rules

Interoperability Rules

- **ONC Rule:** 21st Century Cures Act:
 - Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule
- **CMS Rule:**
 - The Interoperability and Patient Access Final Rule
- Two distinct rules
 - Different applicability, requirements, and deadlines
- CMS rule draws on the technical standards set in ONC rule



ONC Interoperability Rule

- Primarily aims at developers of Certified Electronic Health Record Technology (CEHRT) (certified under the Meaningful Use Standard)
- ***Information Blocking***
 - Applies to health care providers, health information technology developers, health information networks and/or health information exchanges
 - Information Blocking is a practice that “is likely to interfere with access, exchange, or use of electronic health information (EHI)”

ONC Rule VHIIE Implications

Information Blocking Requirements

- ❑ Provisions effective 11/1/2020, enforcement begins 2/1/2021
- ❑ Electronic patient access to Electronic Health Information is required “without special effort”
- ❑ As of 5/2/2022, Certified Technology must support Fast Healthcare Interoperability Resources (FHIR) v4.0.1, United States Core Data for Interoperability (USCDI) v1 and SMART on FHIR, which is a standards-based programming interface for applications and medical record systems to communicate.

VITL's Readiness

- ✓ Will ensure Vermont Health Information Exchange compliance with the Office of the National Coordinator (ONC) rule as required
- ✓ Plan to use the capabilities of new MedicaSoft platform
- ✓ Work is underway to ensure that all necessary procedures, processes, and documentation are in place to comply
- ✓ Meaningful Use consulting staff will have expertise regarding changes to those standards to educate providers

CMS Rule VHIE Implications



- The Interoperability and Patient Access Final Rule
- Does not apply directly to the Vermont Health Information Exchange (VHIE)
- VITL could potentially provide services to others:
 - Vermont Medicaid: to meet patient access requirements
 - Medicaid program developing a compliance plan, which may involve the VHIE
 - Significantly increased data scope
 - Requires FHIR 4.0.1 by 7/1/2021
 - Hospitals: to meet modified Conditions of Participation standards that include Electronic Event Notification
 - 5/1/2021 deadline
 - Based on Admission, Discharge and Transfer events
 - Working with Hospitals to determine interest and potential solutions

Collaborative Services

The Collaborative Services Project

The Collaborative Services Project was initiated in 2019 by Department of Vermont Health Access, VITL, and the Health Information Exchange Steering Committee members in support of the State's health care reform efforts through

- reducing redundancy in health Information Technology expenditures
- improving the technology supporting health information exchange
- expanding the capability to support collection of additional data types

Phase I - Complete

UMPI: Verato

- Live 1/2020 for reporting (OneCare Vermont, Vermont Chronic Care Initiative, Blueprint for Health)
- Live in provider portal in 2021
- Improvement of duplicates and specified population match rate from <65% to >95%

Interface Engine: Rhapsody (at HealthInfo Net)

- Live 4/2020
- Move to hosted solution with Disaster Recovery and unlimited endpoints

Terminology Service: Term Atlas (at HealthInfo Net)

- Live 4/2020
- 9 data concepts mapped (ex A1C), additional concepts to be mapped as needs are identified
- Over 700 unique codes are being mapped for these 9 concepts, and over 600,000 codes were added in August

Phase 2: MedicaSoft – In Progress

Vendor Selected

- Committee of 8 stakeholders selected vendor 2/2020
- Contract signed 4/2020

Implementation Underway

- 7 of 16 sprints complete
- Data validation underway
- Subcommittee approved the charter and requirements
- Developing roadmap for future releases

Initial Release

- Target 1/2021
- Integrate Master Patient Index and Term Services
- Reporting platform with ability to deliver data to Blueprint and OneCare Vermont
- New Data Repository
- ONC Rule compliance
- Direct Secure Messaging service

Expected Outcomes

- Better data to support health care and health care system improvement
- More efficient data access for clinicians through Fast Healthcare Interoperability Resource (FHIR) support, which is the new standard for exchange of data.
- Improved data and access for VHIE stakeholders
- Support for patient access to data
- More efficient and sustainable technology platform
- Strong security and compliance with interoperability rule requirements



Initial Implementation – Target Scope

- Establish the hosted infrastructure
- Implement the transactional and reporting data warehouse
- Integrate Rhapsody, Master Patient Index, and Terminology Services
- Transition interfaces
- Establish operational processes
- Load historical data
- Establish extracts/data access for Blueprint and OneCare Vermont
- Implement required reports
- Data quality dashboard
- Consolidated Clinical Care Documents
- ONC and CMS Rule compliance
- Establish new Direct secure messaging system.
- Inform future roadmap



Near Term Roadmap – Recommended Next Objectives

- National Network Exchange - query and document retrieval
- Ability to accept and handle sensitive data appropriately including support for granular consent capability
- Provider portal to support sensitive data access
- Upgrade to support the new standards of the Office of the National Coordinator (ONC) Rule



Longer Term Roadmap Recommendations

- Additional clinical data
- Event notification service
- Claims data
- Social determinants of health data
- Results delivery
- Patient portal



- These are VITL's recommendations (initial, near term, longer term)
- We are working with the HIE Steering Collaborative Services Sub Committee to review and validate these as we develop the Roadmap.

Reducing Redundancy in Health Information Technology Costs

In addition to expanding capabilities, the collaborative services project includes the rationalization of data platforms which results in real cost savings, as well as cost avoidance across a number of stakeholders

- Overall, we estimated the investment immediately results in:
 - Direct annual savings totaling ~\$1,370K for DVHA and VITL
 - Cost avoidance of:
 - \$375K VITL hardware upgrade
 - \$219K in annual costs for VITL
 - Removed need for multiple Master Patient Index purchases across stakeholders

Master Patient Index

A more robust Universal Master Patient Index, Verato, to improve patient matching not possible by the legacy VHIE system providing higher quality data

Investment	\$135K
Annual Cost	\$331K
Cost Savings	\$0
Cost Avoidance	<ul style="list-style-type: none">• Eliminated need for multiple stakeholders to purchase and maintain their own Master Patient Index (e.g. OneCare Vermont, Vermont Chronic Care Initiative, Blueprint)
Additional Benefits:	<ul style="list-style-type: none">• Ability to support requests for ad-hoc matching of non-VHIE datasets• Improved patient care due to completeness of patient records - improved match rate for reference data set from 65% to 95%• Saves stakeholders from burdensome manual matching efforts

Terminology Services

New terminology services tool to enhance the standardization of disparate clinical terms

Investment	\$287K
Annual Cost	\$145K
Cost Savings	\$63K annually
Cost Avoidance	\$83K annually
Additional Benefits:	<ul style="list-style-type: none">• Easier to add and update concepts• More reliable, hosted solution• Ability to tag data types (e.g. Part 2 data)

Rhapsody Interface Engine

Move to a hosted environment for the Rhapsody Interface Engine to provide disaster recovery capabilities

Investment	\$411K
Annual Cost	\$345K
Cost Savings	\$21K annually
Cost Avoidance	<ul style="list-style-type: none">• Eliminated need to invest in updated on-site infrastructure• Eliminated need to invest in local disaster recovery capabilities
Additional Benefits:	<ul style="list-style-type: none">• Enables disaster recovery, strengthens security, and eliminates local infrastructure needs• Provides unlimited connection points• Enables support for web services

New Data Platform

Streamline fragmented data platforms and implement more current technology to support more robust data reporting and access

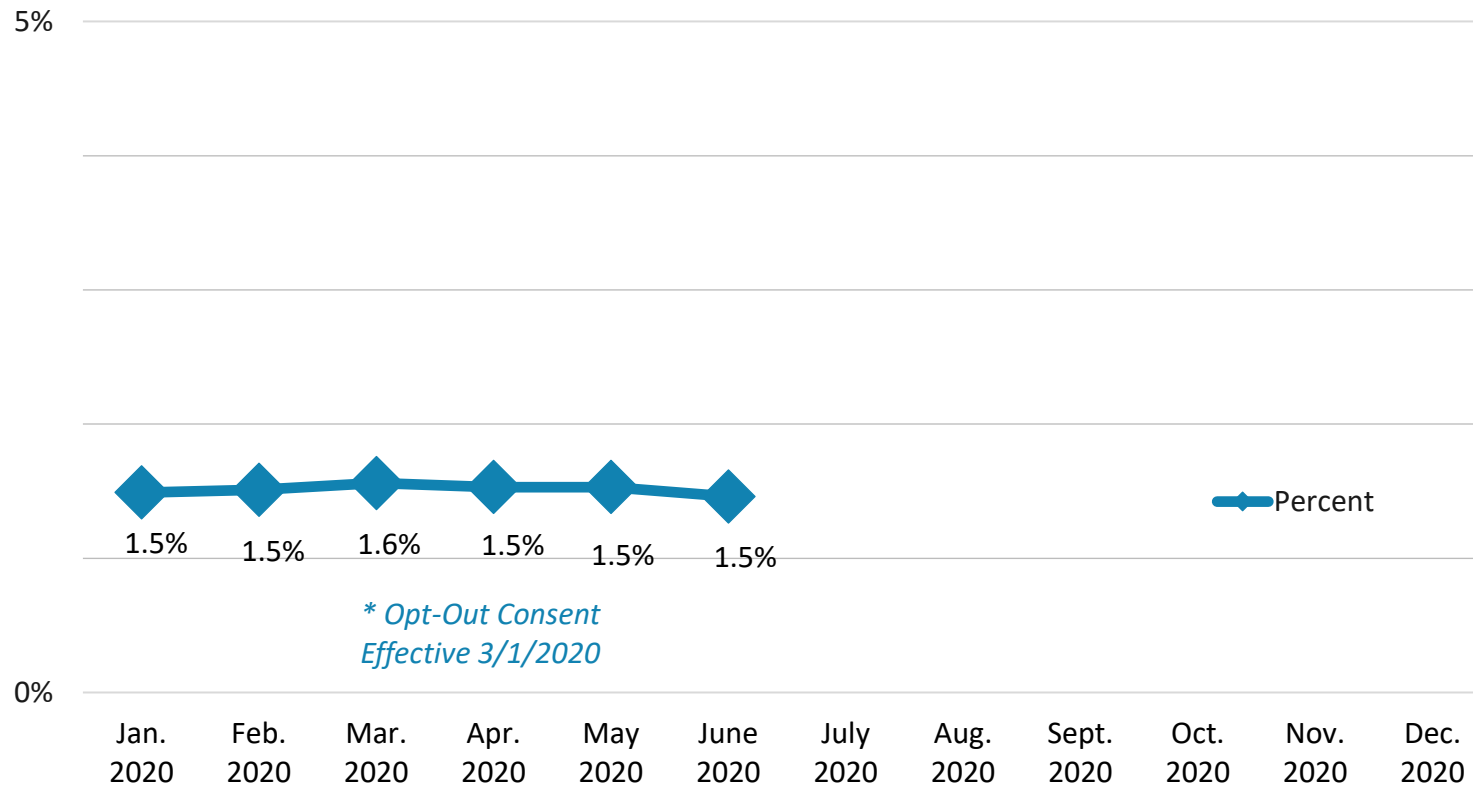
Investment	\$2,104K
Annual Cost	\$527K
Cost Savings	\$232k annually (VITL) Up to \$1,052K annually (DVHA – Blueprint Vermont Clinical Registry)
Cost Avoidance	\$375K one-time hardware replacement (VITL) \$136K annually (VITL)
Additional Benefits:	<ul style="list-style-type: none">• Ability to incorporate other data types/repositories in future• Meets Interoperability Rule requirements, no additional investment required• Eliminates overhead of maintaining inefficient infrastructure• Opportunities to incorporate additional functionality may lead to additional savings

Future Savings

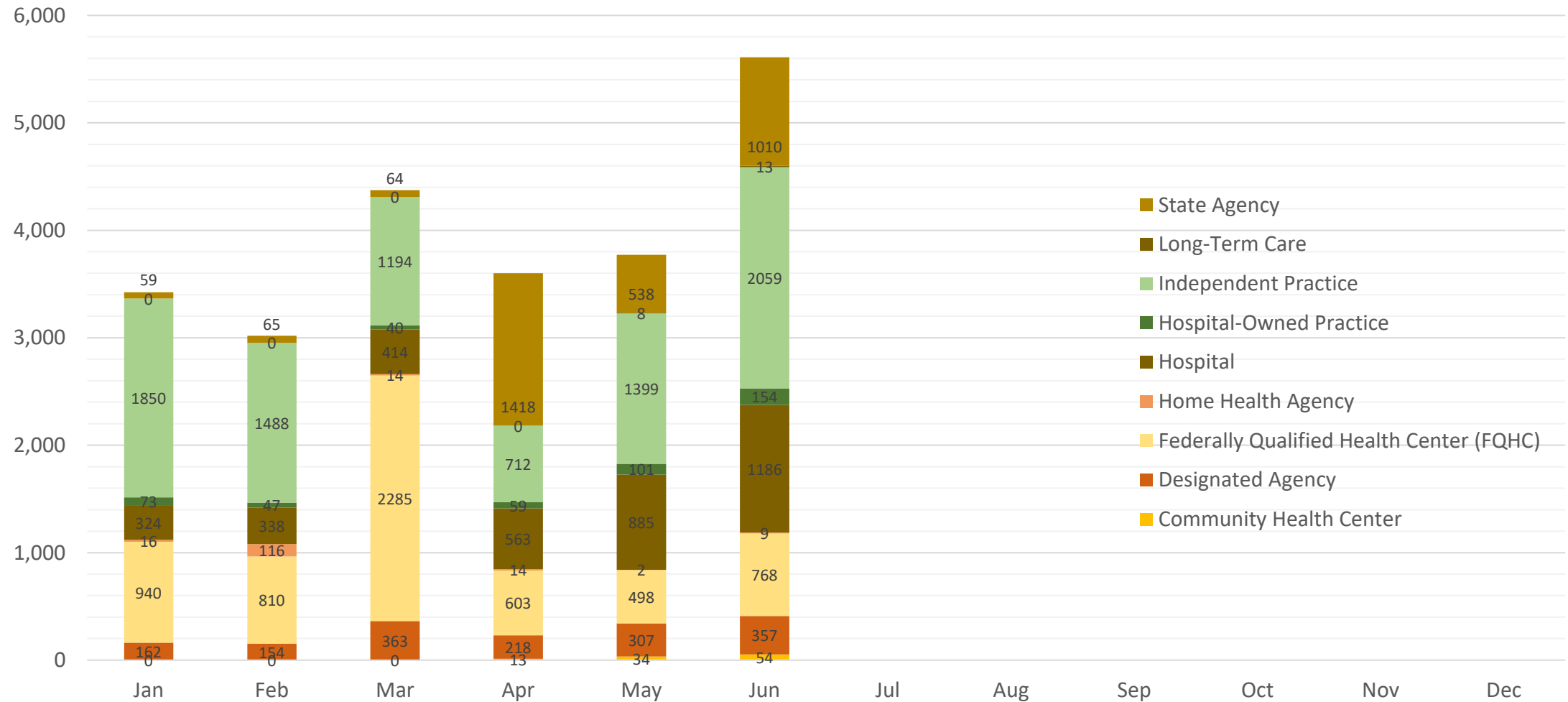
- The platform will result in additional savings after it is implemented, and its capabilities are extended.
Possibilities include:
 - The expansion to include other data types
 - Assisting others with meeting Interoperability Rules
 - Streamlining existing functionality
 - Extending the use of the Master Patient Index to other partners
- VITL will update this analysis regularly to include new savings

Quarterly Update

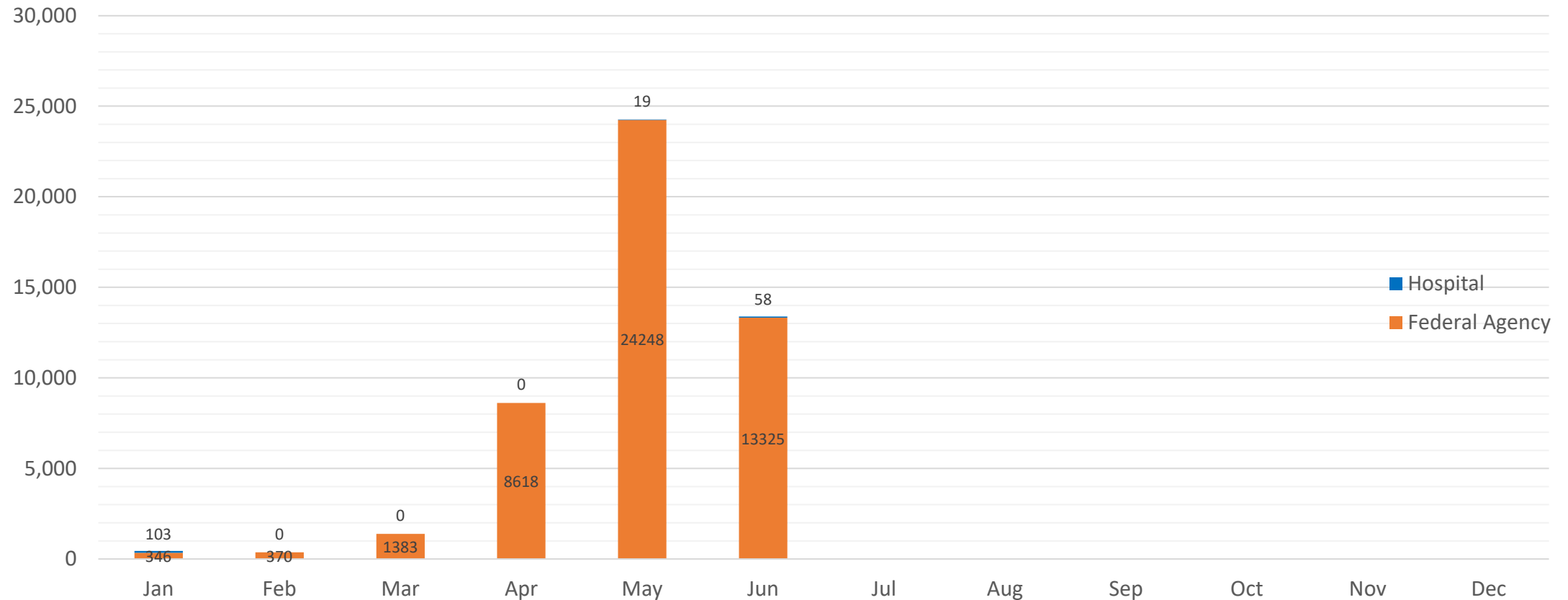
% of Vermont Patients Opted Out of the VHIE



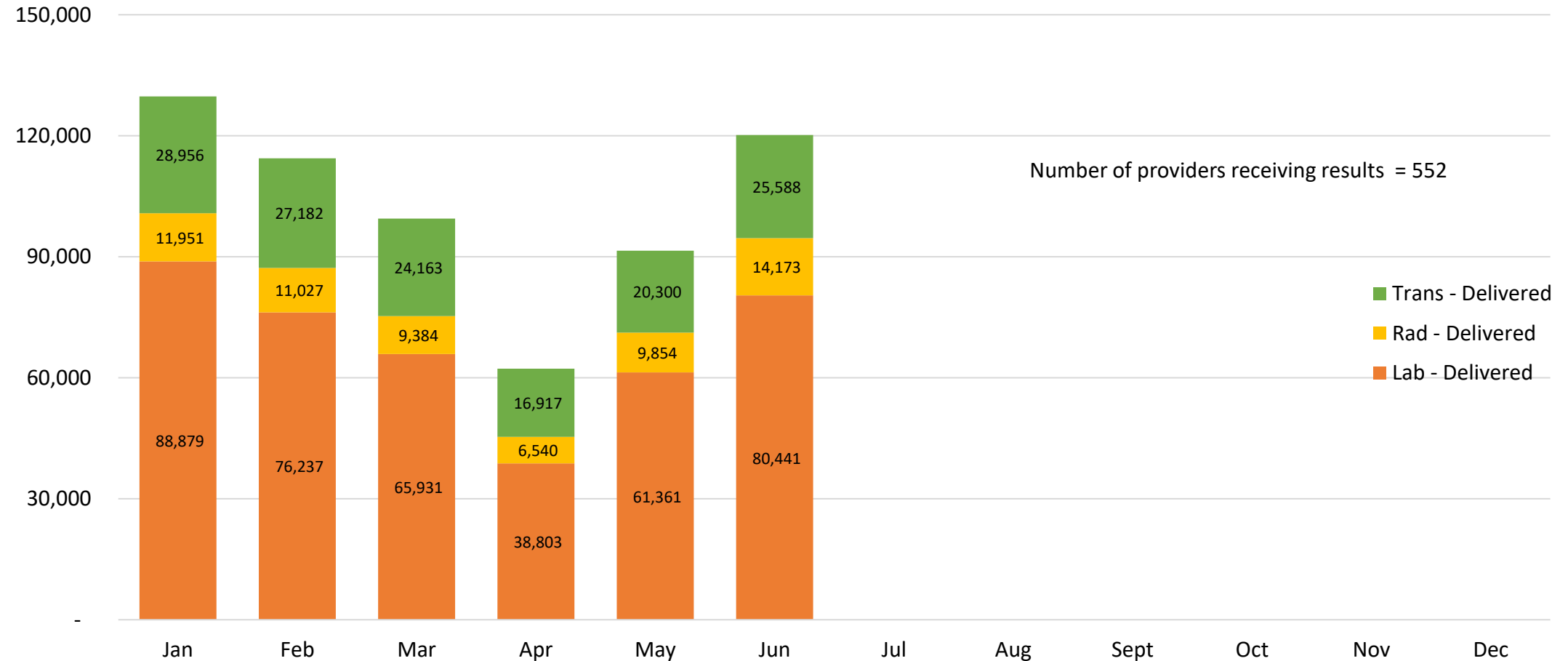
VITL Access Queries



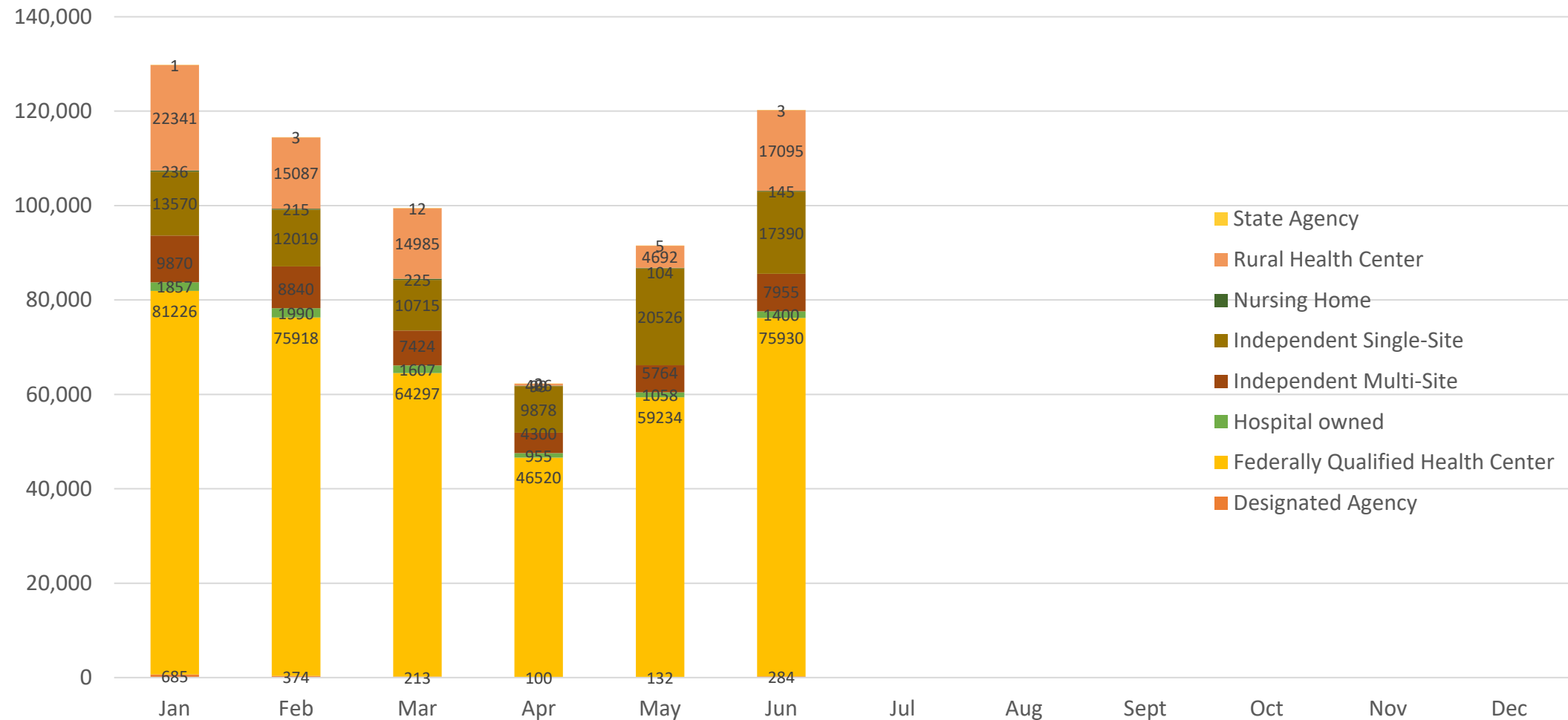
Single Sign On & Cross Community Access Queries



Results Delivery by Result Type



Results Delivery by Provider Type

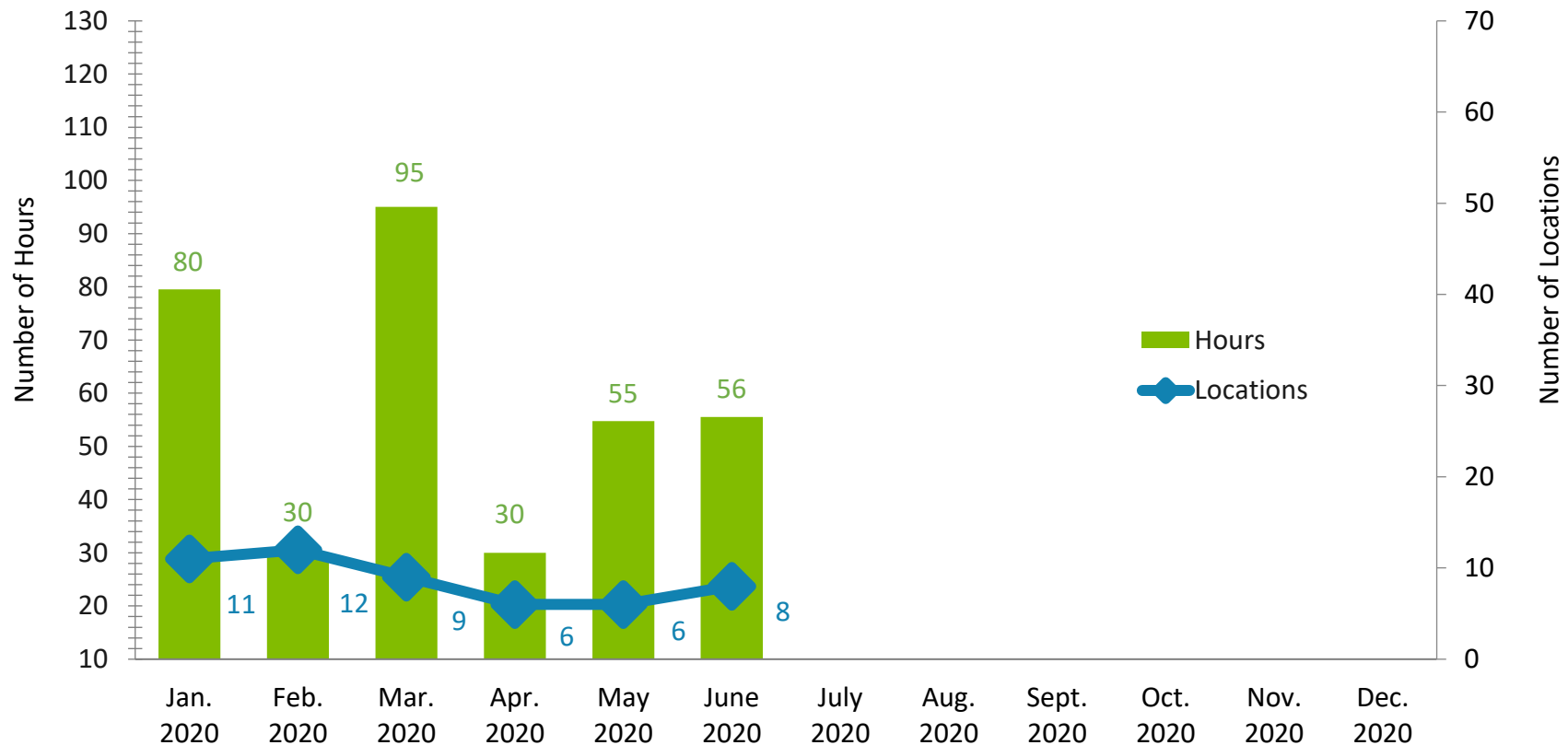


Interfaces & Connectivity Criteria

VITL has a target of 85 Interfaces in 2020 and must annually review and update the Connectivity Criteria

- Completed 62 new or replacement implementations as of June 30th
- Worked with the Designated Agencies and others to define Mental and Behavioral Health Data Connectivity Criteria and it was approved by the HIE Steering Committee in June
- Healthcare community response to the COVID-19 Pandemic continues to impact the interface work for VITL. Some projects have been accelerated, and some have stopped
- Continue to work with Department of Vermont Health Access (DVHA), the Agency of Digital Services, the Vermont Department of Health and other agencies throughout the state to support their data needs in responding to COVID

Meaningful Use and Security Risk Assessment Consultation



Update on FY20 Financials

Preliminary FY20 Financials

- Statement of Activities for period of 7/1/19 to 6/30/20
Preliminary Unaudited Financial Statements

Element	FY20 Updated Budget (\$000s)	FY20 Preliminary Unaudited (\$000s)	Variance Actual to Budget (\$000s)
Revenue	\$ 7,567	\$ 6,868	\$ (699)
Expense			
Personnel Expense	3,071	2,819	(251)
VHIE Data Hosting	1,115	974	(141)
Information Technology	1,677	1,457	(220)
Consultants	889	226	(663)
Occupancy	144	144	(0)
Legal & Accounting	290	197	(93)
All Other	565	333	(232)
Total Expense	7,750	6,149	(1,601)
Change in Net Assets	\$ (183)	\$ 718	\$ 901

- Selected Balance Sheet items (as of June 30th)
 - Cash on hand \$3,558.8K
 - A/R \$717.2K
 - A/P \$136.3K