State of Vermont

Vermont Health Information Technology Plan (VHITP)

Presented To

Vermont House Committee on Health Care

February 4, 2016

REVIEW OF PROJECT

Project Background

## Vermont Statute: 18 V.S.A § 9351

The HIT Plan shall:

1) support the **effective, efficient, statewide use of electronic health information** in patient care, health care policymaking, clinical research, health care financing, and continuous quality improvements;

2) **educate** the general public and health care professionals about the value of an electronic health infrastructure for improving patient care;

3) ensure the **use of national standards** for the development of an interoperable system, which shall include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;

4) propose **strategic investments** in equipment and other infrastructure elements that will facilitate the ongoing development of a statewide infrastructure;

5) recommend funding mechanisms for **the ongoing development and maintenance** costs of a statewide health information system, including funding options and an implementation strategy for a loan and grant program;

6) **incorporate the existing health care information technology** initiatives to the extent feasible in order to avoid incompatible systems and duplicative efforts;

7) **integrate** the information technology components of the Blueprint for Health established in chapter 13 of this title, the Agency of Human Services' Enterprise Master Patient Index, and all other Medicaid management information systems being developed by the Department of Vermont Health Access, information technology components of the quality assurance system, the program to capitalize with loans and grants electronic medical record systems in primary care practices, and any other information technology initiatives coordinated by the Secretary of Administration pursuant to 3 V.S.A. § 2222a; and

8) address issues related to **data ownership, governance, and confidentiality and security of patient information**.

Purpose of the VHITP

➤ Set high-level strategy and roadmap for the statewide electronic collection, storage, and exchange of clinical or service data in support of improved patient care, improved health of Vermonters, and lower growth in health care costs – consistent with the Triple Aim

➤ Provide direction for future projects, initiatives, and funding

➤ Serve as a framework for regulatory authority such as GMCB review of IT projects within the Certificate of Need process or to support HIE connectivity/interoperability criteria

We're Not Starting from Scratch...
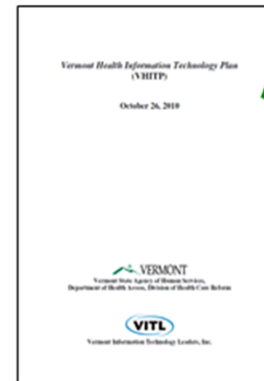
The 2010 version is the latest version – with minor revisions in 2012 and 2014 related to HIE consent

Significant Progress
- Adoption and Use of EHRs by providers
- Connections to and development of HIE by VITL
- Large and growing quantity of data in HIE
- Significant attention to data quality and reliability
- 2014 – beginnings of true exchange among providers – VITL Access
- Other services around the corner

VHITP Project Team

Vermont Team

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- Richard Terricciano
- Paula Chetti

Mosaica Partners Team

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Program Manager
VHIE

Heather Skeels
Project Manager
Bi-State Primary Care

Who Else is Involved in Project?

- ✓ Hospital Systems
- ✓ Providers
- ✓ Payers
- ✓ Mental Health and Substance Use
- ✓ Long Term Services & Supports (LTSS)
- ✓ Public Health
- ✓ VITL
- ✓ UVM Medical Center

- ✓ State Agencies
- ✓ ACOs
- ✓ Consumers
- ✓ Consumer Organizations
- ✓ Vermont Legislators
- ✓ Green Mountain Care Board
- ✓ Federal Agencies (CMS, ONC)

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HIT Vision for Vermont

To ensure the well-being of all Vermonters,

Our Vision is

Health and human services information is available
at the right time, right place, and in the right ways
to support continuous improvements in
individual health and wellness experiences,
health status, and health care outcomes,
and to lower costs.

HIT/HIE Principles for Vermont

➢ Health information technology will enable the improvement of Vermonters' health and the care they receive by making health information available where and when it is needed.

➢ Health data is secure, accurate, timely, and reliable.

➢ Vermonters will be confident that their health information is secure and private and only accessed appropriately.

➢ Shared health information that provides value to individuals, providers, and payers is a key component of an improved health care system.

➢ Vermont's health information technology infrastructure will be:

- Based upon best practices and use industry standards
- Interoperable
- Resilient and flexible to accommodate and support emerging health reform and technology landscapes
- Fiscally responsible and, whenever possible and prudent, leverage past investments
- Built with the goal of on-going sustainability
- Easy and cost effective for individuals and organizations to adopt and use

➢ Vermont will use an open, transparent, and inclusive approach in developing and implementing its health information technology and exchange (HIT/HIE) initiatives.

➢ Stakeholders responsible for the development and implementation of the health information technology infrastructure will act in a collaborative, cooperative fashion to advance steady progress towards the vision and these principles/core values.

VHITP Update Process

Triple Aim – Better Care · Better Quality · Lower Cost

Objectives — What we want to achieve

Capabilities — What we must be able to do to achieve the Objectives

Enablers — What needs to be in place to support the Capabilities

Initiatives — Projects or programs to put the Enablers in place

Vermont's HIT Plan

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Number of Active Participants

Envisioning Workshops

- ➢ 40 Stakeholder Interviews
- ➢ 96 participants in Envisioning Workshops
- ➢ 500+ survey respondents
- ➢ 18 participants in Capabilities Workshop
- ➢ 19 participants in Enablers Workshop

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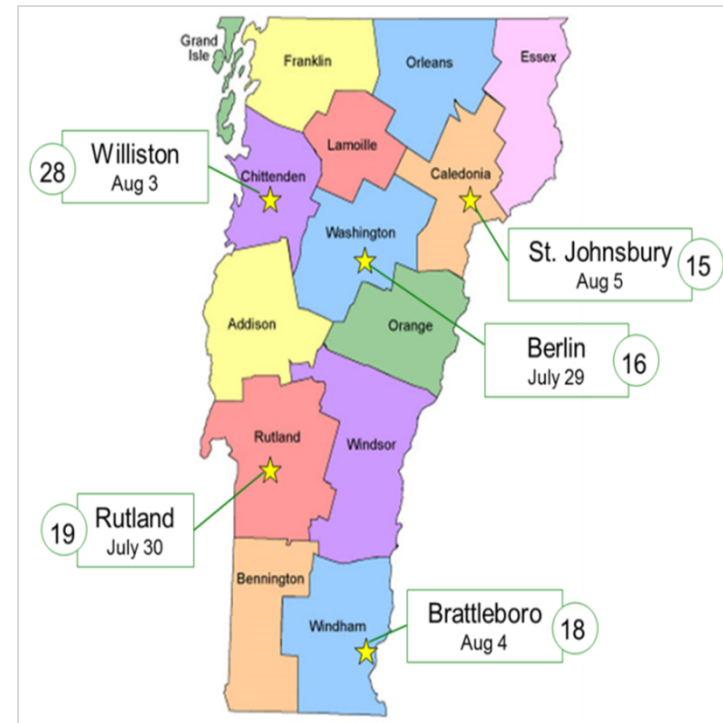
Vermont HIT Plan Objectives

1. People trust that health care data is secure, accurate, and current

2. Health care information can be appropriately and securely accessed by authorized people and providers

3. People have the information needed to make informed decisions about their care

4. Health care information is readily shareable across all provider organizations where people receive care

5. Integrated/Coordinated care is the norm

6. Consent for sharing physical health, mental health, substance use, and social services information is implemented consistently

7. High quality health care/services data are accessible and suitable for multiple uses

8. The cost of HIT/HIE is not a barrier to Vermont providers in implementing and using technology

9. Health information sharing in Vermont is sustainable

10. Reporting processes are streamlined to assist providers in complying with mandated reporting requirements

11. There is statewide transparency and coordination of all appropriate HIT/HIE projects

12. Health care and health services information collected and maintained by State agencies is easily shared

13. People have expanded access to health care services and providers through technology

14. People can manage the sharing of their health care information

15. There is active data governance in place for health care/services data

16. Vermont easily and appropriately shares health care information beyond its borders

PROJECT TIMELINE

Timeline

➢ February 4, 2016: Present draft VHITP to GMCB

➢ February 5, 2016: Opportunity for public comment (http://healthdata.vermont.gov/feedback)

➢ Collect and analyze public comments/feedback and incorporate into the Plan as appropriate

➢ Week of February 15-19, 2016: AoA final review and approval; send Plan to GMCB

➢ February 25, 2016: Final Plan presented to GMCB

➢ March 10, 2016: Final approval of the VHITP

VT House Committee on Health Care
February 4, 2016

SUPPLEMENTAL MATERIALS

Background and Summary of draft VHITP

Project Findings

- ➤ Vermont has a good vision for evolving to a more efficient health care system.

- ➤ Vermont has made significant progress in implementing health information technology (HIT) to support health reform and is viewed as a leader in that area, but there is more to do.

- ➤ Vermonters are engaged and passionate about using HIT to support health care reform.

- ➤ Vermont has leveraged State resources well for multiple federal grants and other funding to support HIT development.

- ➤ While there are many HIT-related projects and systems in the State, there is a lack of overall statewide governance/coordination.

- ➤ Vermont is making progress on the integration of physical health, mental health, substance use, and social services information, but there is still much work to do – including patient consent and data interoperability.

- ➤ There is a high level of stakeholder concern about Vermont's past/current investments in HIT/HIE with less than expected results.

- ➤ The Vermont Health Information Exchange (VHIE, currently operated by VITL) is dependent upon state and federal funding. The uncertainty around the availability of continued funding impacts the ability to make long term sustainable plans for the on-going operation and maintenance of the VHIE.

VHITP INITIATIVES

VHITP Initiatives – Overview

Fully implementing the VHITP Initiatives will:

➢ Establish strong, clear leadership and governance for statewide Health Information Technology/Health Information Exchange (HIT/HIE) with a focus on decision-making and accountability.

➢ Continue – and expand – stakeholder dialogue, engagement, and participation.

➢ Expand connectivity and interoperability.

➢ Provide high quality, reliable health information data.

➢ Ensure timely access to relevant health data.

➢ Continue the protection of a person's privacy as a high priority.

Note: The draft of the Plan, in its entirety, can be reviewed at (http://healthdata.vermont.gov/feedback)

NOTE: The numbers associated with the initiatives are for identification purposes only and do not indicate priority.

Statewide HIT/HIE Governance & Policy

01 – Establish (and run) comprehensive statewide HIT/HIE governance.

02 – Strengthen statewide HIT/HIE coordination.

03 – Establish and implement a statewide master data management program (data governance) for health, health care, and human services data.

04 – Develop and implement an approach for handling the identity of persons that can be used in multiple situations.

05 – Oversee and implement the State's telehealth strategy.

06 – Provide bi-directional cross state border sharing of health care data.

Business, Process & Finance

07 – Continue to expand provider EHR and HIE adoption and use.

08 – Simplify State-required quality and value health care related reporting requirements and processes.

09 – Establish and implement a sustainability model for health information sharing.

Stakeholder Engagement & Participation

10 – Centralize efforts for stakeholder outreach, education, and dialogue relating to HIT/HIE in Vermont.

Privacy & Security

11 – Ensure that statewide health information sharing consent processes are understood and consistently implemented for protected health information – including information covered by 42 CFR Part 2 and other State and federal laws.

12 – Ensure continued compliance with appropriate security and privacy guidelines and regulations for electronic protected health information.

Technology

13 – Ensure VHIE connectivity and access to health and patient information for all appropriate entities and individuals.

14 – Enhance, expand, and provide access to statewide care coordination tools.

15 – Enhance statewide access to tools (analytics and reports) for the support of population health, outcomes, and value of health care services.

16 – Design and implement statewide consent management technology for sharing health care information.

17 – Provide a central point of access to aggregated health information where consumers can view, comment on, and update their personal health information.

	Prior	2016	2017	2018	2019	2020

Statewide HIT/HIE Governance & Policy

01 – Establish (and run) comprehensive statewide HIT/HIE governance — Start Immediately →

02 – Strengthen statewide HIT/HIE coordination — Start Immediately →

03 – Establish and implement a statewide master data management program (data governance) for health, health care, and human services — Start Immediately →

04 – Develop and implement an approach for handling the identity of persons that can be used in multiple situations — Start Immediately →

05 – Oversee and implement the State's Telehealth Strategy — Ongoing - Continue →

06 – Provide bi-directional cross state border sharing of health care data →

Business, Process & Finance

07 – Continue to expand provider EHR and HIE adoption and use — Ongoing - Continue →

08 – Simplify State-required quality and value health care related reporting requirements and processes →

09 – Establish and implement a sustainability model for health information sharing →

Stakeholder Engagement & Participation

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Initiatives Timeline

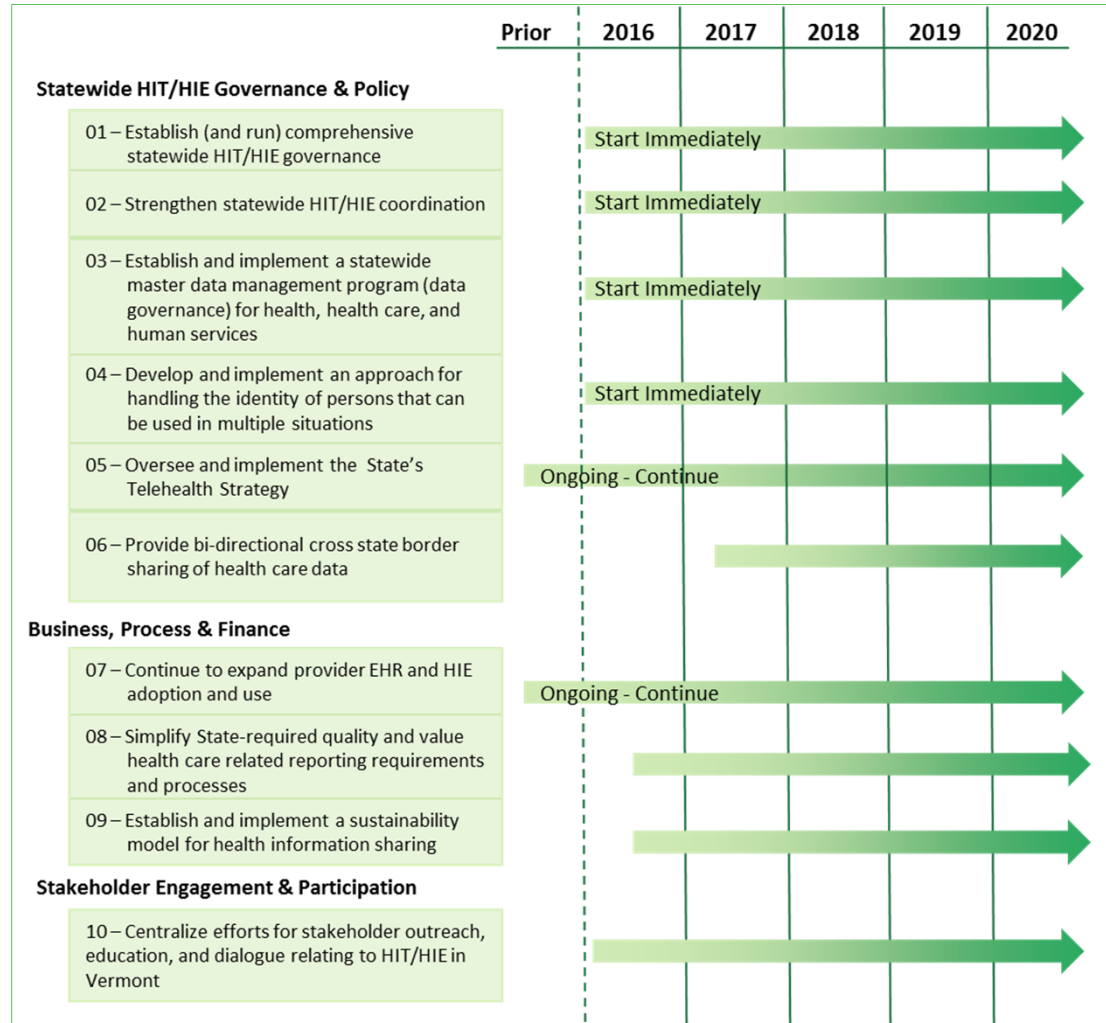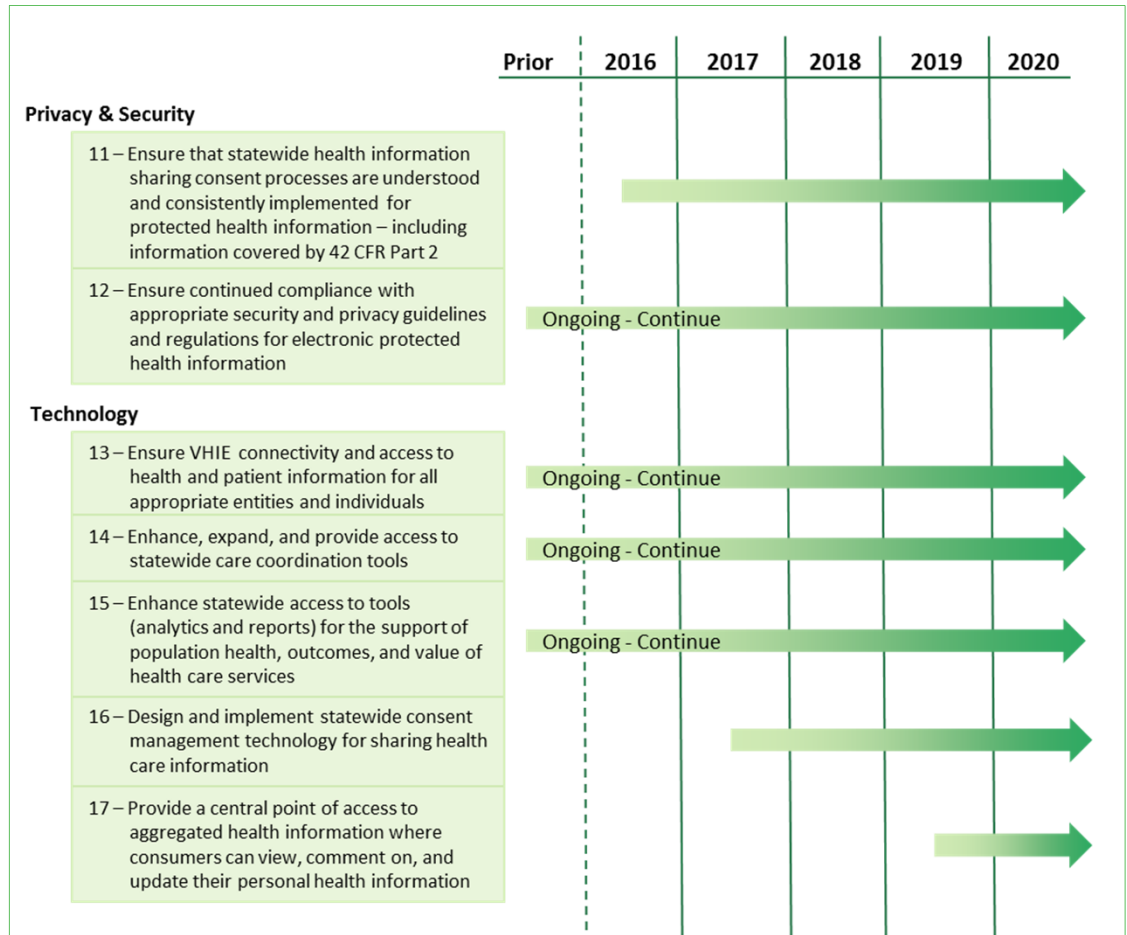|	Prior	2016	2017	2018	2019	2020

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(Ongoing - Continue)

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Additional Recommendations

In addition to the 17 initiatives, there are four recommendations contained within the VHITP to enable Vermont to continue moving forward with its health care reform efforts.

➢ Launch the transition plan contained in section 7 of the Plan.

➢ Continue expansion of broadband (and cellular) access to areas where it's not currently available.

➢ Ensure sustainable funding source for the Initiatives contained within the Plan.

➢ Develop centralized capability to proactively identify new federal grant opportunities for HIT/HIE efforts – beyond the traditional CMS grants.

FUNDING

Funding Amount and Approach

5-Year Estimates by Funding Source

Phase	State HIT Funds	Federal Matching Funds	Other Funds	TOTAL
1. On-going operations	$19.0M	$31.0M		$50.0M
2. Develop and Implement	$2.5M	$14.3M	$4.1M	$20.9M
3. Proposed	$8.7M	$22.4M	$3.0M	$34.1M
TOTAL	$30.2M	$67.7M	$7.1M	**$105.0M**

5-Year Estimates by Year

Phase	2017	2018	2019	2020	2021	TOTAL
1. On-going operations	$9.8M	$10.5M	$10.2M	$10.6M	$10.9M	$52.0M
2. Develop and Implement	$6.4M	$2.8M	$2.8M	$2.7M	$2.2M	$17.9M
3. Proposed	$3.5M	$9.2M	$8.8M	$10.1M	$4.5M	$36.1M
TOTAL	$19.7M	$22.5M	$21.8M	$23.4M	$17.6M	**$105.0M**

For both tables above:
- On-going operations including: program management staff[1], Blueprint for Health projects, and ongoing operations of the VHIE at VITL.
- Develop and implement: projects either in planning or early implementation, but not yet fully operational.
- Proposed: new projects identified within this update to the VHITP.

[1] Included in these estimates is the cost associated with program/project management in the amount of $13.5m ($1.35M of HIT Fund matched by federal funds) over 5 years.

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TRANSITION PLAN

Action/Activity	Milestone	Responsibility
Set up interim governance and coordination structures (*Initiative #1*) which have the appropriate authority and resources to prioritize, oversee, and coordinate HIT/HIE related projects.	Interim governance holds first meeting within first two months after plan approval Develops prioritized lists of projects within six months after plan approval.	Governor's Office to: • Identify executive leadership, staff leads, roles, and responsibilities. • Set up stakeholder committee to support the interim governance structure.
Begin the work to establish a permanent HIT governance entity. (*Initiatives #1,2,3,10*)	New entity identified and operational by 1/1/2017. Address range of responsibilities, including authority, staffing and resource requirements, oversight, coordination, and outreach functions.	Governor's Office Agency of Administration
Launch expanded HIT coordination (*Initiative #2*)	Initial role, responsibility, and authority defined. Develop coordination and outreach plan, including necessary substance, documentation, and stakeholder engagement.	TBD by Interim Governance Structure.

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Transition Plan – Months 5 - 8

Action/Activity	Milestone	Responsibility
Launch project to simplify state reporting requirement (*Initiative #8*)	Project team identified. Survey existing requirements and existing reporting coordination efforts. Top 10 data elements to address identified.	TBD by Interim Governance Structure.
Begin work on Consent Management Initiative (*Initiative # 11*)	Project team identified.	TBD by Interim Governance Structure.
Begin to identify funding needs and sources to accomplish tasks contained within the VHITP.	High level plan for obtaining resources, including recommendations to the Secretary of Administration for SFY18	TBD by Interim Governance Structure.

Activity	Milestone	Responsibility
Finalize governance entity and resources.	Members identified, roles and responsibilities documented, meeting held, support resources allocated.	Governor's Office Agency of Administration
Explore Master Data Management function (*Initiative #3*)	First meeting held, roles, responsibilities, and high-level budget and schedule defined.	TBD by Interim Governance Structure.
Begin process of annual review and update of VHITP.		TBD by Interim Governance Structure.

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Thank You

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