

Health Information Exchange/Health-IT

Update to Senate Health & Welfare

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April 4, 2018

Recap

- **Evaluation**

- Act 73 of 2017 called for a comprehensive study of HIE/HIT in Vermont
- HealthTech Solutions provided a credible, actionable report in November 2017

- **Testimony**

- Green Mountain Care Board – HIE Evaluation (December 14, 2017)
- House Committee on Health Care – HIE Evaluation (January 11, 2018)
- House Committee on Ways and Means – HIE Evaluation and HIT-Fund (February 14, 2018)
- House Committee on Health Care – VITL and HIT-Fund (February 14, 2018)
- House Committee on Health Care – H.901 (February 20, 2018)
- Green Mountain Care Board – Progress Update and H.901 (February 26, 2018)
- House Ways and Means – H.901 (February 27, 2018)

- **Work**

- HIE Steering Committee Established in November, 2017
 - Supporting DVHA's development and execution of a state-wide HIE Plan
- HIT Advisory Committee
 - Partnership with the VITL Board and Executives to support near-term and future planning

Recap

- The Act 73 HIE Evaluation report demonstrates that:
 - HIE is expensive and difficult for all states.
 - Vermont stakeholders affirmed that HIE systems are essential. Health reforms assume systems function.
 - VT is not organized in a way that increases its chances for success.
 - Vermont's HIE has yet to set a solid foundation and stakeholders lack confidence.
 - There is clear room for improvement. VT can reproduce other state's successes.

Where do we go from here?

- H.901 calls for:
 - A Work Plan with timelines and objectives to assist the General Assembly in evaluating the success or failure of DVHA and VITL's work. *To be delivered: By May 1, 2018*
 - Written Progress Updates from DVHA and VITL to the General Assembly and the GMCB on implementing the recommendations from the Act 73 evaluation report. *To be delivered: By May 1, July 1, September 1, November 1, 2018, January 1, 2019*
 - Testimony to the Health Reform Oversight Committee at least once every two months.
 - A Contingency Plan triggered if DVHA and VITL are unable to implement the recommendations from report. *To be delivered: By September 1, 2018*
 - A Third-Party Evaluation of DVHA's and VITL's progress toward implementing the recommendations from the report. *To be delivered: By October 15, 2018*
- 18 VSA § 9351:
 - The Health Information Technology Plan is due to the GMCB *by November 1.*

Considerations

- *Ability of DVHA and VITL to succeed*
 - A great deal of planning and execution is required to remediate the issues identified in the evaluation report.
 - Vermont requires health information exchange.
- *Financial sustainability challenges*
 - The HIT Fund is reviewed annually.
 - CMS funding to support health information exchange/health-IT activities expires in 2021.
- *Keeping pace with national progress*
 - States and regions continue to advance health information exchange networks, and each component part.
 - The 21st Century Cures Act calls for a Trusted Exchange Framework and Common Agreement focused on nationwide network-to-network exchange of health data.
- *Shifts in Vermont's health information network*
 - Most providers now use e-health records allowing them to assess how electronic data can and should meet their needs.
 - UVMHC will unify under one e-health record system – the role of Vermont's HIE must be complementary.
 - Quality measure programs continue to evolve.
 - Health information is more on demand from patients, providers, analysts and policy makers.