Update on Act 187 of 2018: Health Information Exchange/IT Activities

Presentation to the House Committees on Energy and Technology and on Health Care

Michael Costa, Deputy Commissioner, Department of Vermont Health Access
Emily Richards, HIE Program Director, Department of Vermont Health Access

February 6, 2018

VERMONT
AGENCY OF HUMAN SERVICES

Overview

- Legislative Activity: Act 73 of 2017 and Act 187 of 2018
- Act 187: Progress Updates & the Work Plan
- Approved Statewide Health Information Exchange (HIE) Plan
- Report: Recommendation on Vermont's Consent Policy
- 2019 HIE Activities

Key Terms

- **Health information –** administrative and clinical information created during care delivery supporting coordination of care, reimbursement, public health and quality reporting, analytics, and the policy and governance surrounding management of the health care system.

- **Health information exchange (HIE) *verb*** – the action of sharing health information among facilities, organizations, and government agencies according to national standards. HIE is often used as shorthand for programs, tools, and investments that help aggregate and exchange health information.

- **Health Information Exchange (HIE) *noun*** –an organization that collects health information electronically, manages it, and makes it available across the healthcare system. There is at least one HIE in almost every state in the nation, and HIEs offer a variety of services. In Vermont there is one HIE, referred to as the VHIE, which is operated VITL.

2 Years of Progress
Act 73 of 2017

- Act 73 called for a comprehensive study of HIE in Vermont. The study report demonstrates that:
  - HIE is expensive and difficult for all states.
  - Vermont stakeholders affirmed that HIE systems are essential.
  - VT is not organized in a way that increases its chances for success.
  - VT'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 success.

- The report, developed by HealthTech Solutions, provides recommended actions that the State and VITL can take to address the identified issues and achieve Vermont's health information exchange goals.

Act 187 of 2018: Oversight & Monitoring

- A **Work Plan** with timelines and objectives to assist the General Assembly in evaluating the success or failure of DVHA and VITL's work *Due: 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 *Due: By May 1, July 1, September 1, November 1, 2018, January 1, 2019*
- A **Contingency Plan** triggered if DVHA and VITL are unable to implement the recommendations from report *Due: September 1, 2018*
- A **Third-Party Evaluation** of DVHA's and VITL's progress toward implementing the recommendations from the report *Due: October 15, 2018*
- Submission of the **Health Information Technology Plan** to the GMCB *Due: November 1 (annually)*
- A **recommendation on Vermont's consent policy** *Due: January 15, 2019*
- A **recommendation on how to improve the utility and interoperability of EHRs and HIE** *Due: January 15, 2019*

Act 187 of 2018: Results

- DVHA and VITL met all obligations of Act 187 of 2018.
- The third-party evaluation concluded that, as of October 2018, VITL and DVHA were making sufficient progress and had successfully addressed many of the recommendations from the Act 73 Evaluation Report.
- The state-wide, strategic Health Information Exchange (HIE) Plan was submitted to the GMCB in early November. By late November, the plan was approved. This was the first approval of an HIE Plan since 2010.

PROGRESS UPDATES & THE WORK PLAN

MEMORANDUM

TO: Rep. Catherine Toll, Chair, House Committee on Appropriations
Rep. William J. Lippert Jr., Chair, House Committee on Health Care
Rep. Janet Ancel, Chair, House Committee on Ways and Means
Rep. Stephen Carr, Chair, House Committee on Energy and Technology
Sen. Jane Kitchel, Chair, Senate Committee on Appropriations
Sen. Claire Ayer, Chair, Senate Committee on Health and Welfare
Sen. Ann Cummings, Chair, Senate Committee on Finance
Chair, Health Reform Oversight Committee
Chair, Joint Information Technology Oversight Committee
Kevin Mullin, Chair, Green Mountain Care Board (GMCB)

FROM: Michael Costa, Deputy Commissioner, Department of Vermont Health Access (DVHA)
Michael Smith, Vermont Information Technology Leaders (VITL)

DATE: January 1, 2019

RE: Fifth and Final Progress Update on Health Information Exchange/Health-IT (Act 187)

Act 187: Continuation of Act 73Health-IT Evaluation Report

Act 187 of 2018, *An act relating to health information technology and health information exchange*, provides a framework for the State and VITL to implement the recommendations from the Health-IT Evaluation Report required by Act 73 of 2017. This progress update is being submitted per the requirements of Act 187 to keep the legislature and the Green Mountain Care Board (GMCB) apprised of progress made toward enhancing VITL's business and technical operations and improving Health Information Exchange (HIE) planning, management, and oversight, as guided by the Act 73 Evaluation Report.

Since May of 2018, DVHA and VITL have submitted bi-monthly progress updates to General Assembly and the GMCB. Each of the updates has included a work plan with goals, objectives, and activities related to implementation of the recommendations from the Act 73 of 2017 E
Additionally, in September, Capitol Health Associa
the recommendations set forth in the Act 73 of 201
their evaluation of ongoing progress, concluding th
right track. In early November, DVHA submitted t
19, 2018. This is the first time since 2010 that the S
defines statewide goals and the component parts re
the General Assembly and other stakeholders may

Highlights of Progress Made Since November 1, 2

Within this document, there is an updated work pla
the recommendations from the Act 73 Evaluation F
illustrate progress made on priority areas. Highligh
November 1, 2018, include the following.

- ***State-wide strategic HIE Plan and Conne***
convened an HIE Steering Committee, con
developing a strategic plan to get the State
was delivered to the GMCB on November
Connectivity Criteria, drafted by VITL wit
and quality of data flowing from connectio
Health Information Exchange. Both the Co

Progress Report Introduction

Project	Status
rategic Plan	Complete
vernance	Complete
Data Quality & Terminology Services	On Track In Good Standing
nt Easier Ways to Access Data	Complete
f VT Patients Who Have Provided Consent	Complete
uplicate Patient Records	Complete
	omplete

Goal: Develop and manage to a strong HIE strategic plan									
Objective	Activity	Accountable Party & Stakeholders	Start Date	End Date	Status as of May 1, 2018	Status as of July 1, 2018	Status as of September 1, 2018	Status as of November 1, 2018	Status as of January 1, 2019
The Governance Committee will develop a new HIT Plan that is performance-based and traceable to state strategy. The State will commit to follow and meet the HIT Plan goals and objectives.	In the HIT Plan, establish a more formal process of setting funding and prioritizing projects based on efficient and effective use of public and private resources and define accountability standards to ensure program transparency. Complete an inventory of existing and projected funds to help guide priorities.	HIE Steering Committee	June 2018	November 2018	*In Progress.* The HIT Plan is currently in development and will be delivered to the GMCB no later than November 1, 2018.	*In Progress.* The HIE Steering Committee continues to develop an HIT Plan that addresses the recommendations from the Evaluation Report and charts a path forward for the State.	*In Progress. No change.*	*Complete and Ongoing.* The HIE Steering Committee addressed financing and sustainability issues in the recently submitted HIE (HIT) Plan. See pages 13, 34 and 25 in the HIE (HIT) Plan. These issues will be continually addressed by the HIE Steering Committee in 2019 and in future iterations of the HIE Plan.	*Complete and Ongoing. See November's update.*

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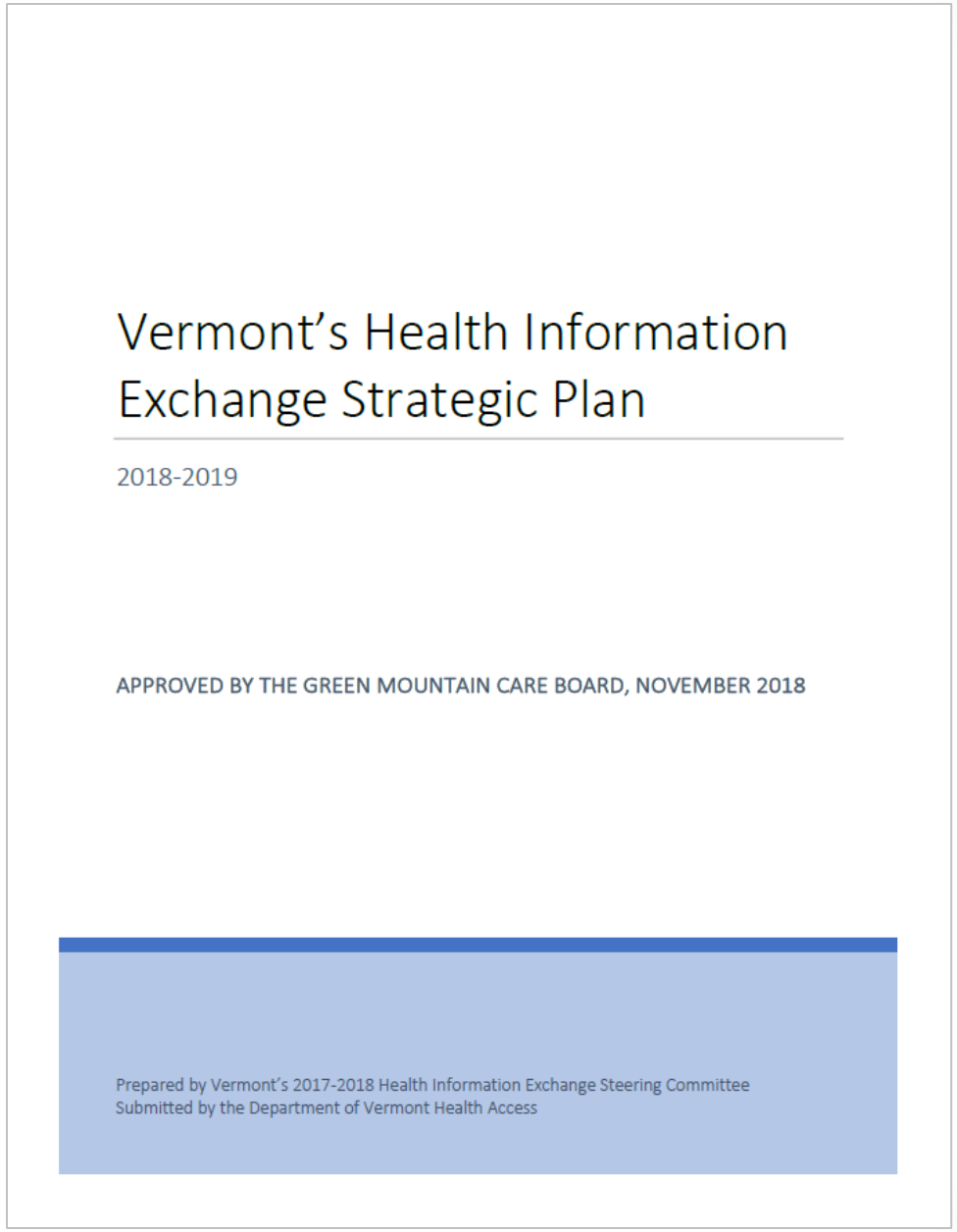
2018 Progress *(Detailed in Act 187 Progress Updates)*

- Objective: Implement an effective HIE governance model
  - In 2017, DVHA established the HIE Steering Committee to develop and oversee execution of the statewide HIE Plan. The 2019 HIE Steering Committee begins work in February, 2019.
- Objective: Develop and manage to a strong HIE plan
  - In late 2018, the GMCB approved a state-wide strategy that details long-term vision and annual tactical plans, allowing for tracking of real progress.
- Objective: Ensure the VHIE is well-governed and compliant with federal and state regulations
  - VITL hired a new CEO, assessed organizational structure, conducted a performance audit, and crafted a strategic plan.
  - DVHA augmented the procurement strategy with VITL to focus on performance based contracts that incentivize achievement of operational goals.

2018 Progress *(Continued)*

- Objective: Ensure the VHIE operator is focused and delivers upon its core mission
  - Managing Consent –
    - 2018: Raised the rate of records with documented to consent to 35% from 19%; 2019 Goal: 42%
  - Reducing Duplicate Records/Maintaining Good Records –
    - 2018: Reduced duplicate records by 40%; 2019 Goal: Additional 20% reduction *and* Maintain a decision rate of 90% or greater based on VHIE matching logic to demonstrate the ability to identify patient records when new records are introduced in the VHIE
  - Providing Easier Ways to Access Data –
    - 2018: Enabled UVMMC providers to see state-wide data directly within their electronic health records; 2019 Goal: 5 Data Access Expansion projects
  - Improving Data Quality –
    - 2018: Piloted a "terminology services" tool and improved lab data from 25 health care organizations; 2019 Goal: Partner with the operator of the Vermont Clinical Registry to deploy a terminology services tool that will impact the quality of essential data sets
- Objective: Make VHIE operations accountable to all customers, including the state
  - All deliverables in the VITL/DVHA contract support execution of the state-wide HIE Plan. Major milestones are listed in the 2019 Tactical Plan within the HIE Plan.

THE STATEWIDE HIE PLAN



2017-2018 Steering Committee: The People Behind the Plan

Name	Role	Reason for Selection	Voting
Andrew Laing	Technologist	Information systems SME; ADS Representative (Chief Data Officer)	Voting
Craig Jones	National & State HIE Perspective	National thinker on HIT/HIE with VT delivery system experience.	Voting
Kelly Lange	Insurance Lead	Investments should be aligned across payers.	Voting
Leah Fullem/Tyler Gauthier	ACO Lead	Vermont's health care reform goals rely heavily on ACOs	Voting
Michael Costa	Chair	Agency designated program sponsor for HIE/HIT	Voting
Simone Rueschemeyer	Community Provider Lead	Representative of mental health, developmental disabilities and substance use services and associated data exchange.	Voting
Tracy Dolan	Public Health Lead	Public Health data exchange is essential to successful HIE, and it is a focus of federal incentive programs	Voting
Beth Tanzman	Practice Innovation Lead	Blueprint for Health is considered a key stakeholder in practice level health care reform.	Non-Voting
Emily Richards	HIE Program Lead	DVHA's HIE Program Director overseeing HIE contracts, federal plans and funding requests, and the HIE Team.	Non-Voting
Kristina Choquette	VITL Lead	VHIE Representative	Non-Voting

Stakeholder Groups Offered Invaluable Feedback

- Bi-State Primary Care Association
- Vermont Medical Society
- GMCB Primary Care Advisory Group
- Medicaid and Exchange Advisory Group
- VITL Board
- AHS Leadership
- VDH Staff Involved in HIE Efforts
- GMCB Representatives and Staff

The Steering Committee Created Norms for Committee Work While Examining Vermont's HIE Needs

Creating Norms

- Demystify health information exchange by clearly articulating where we've been, the current state, and where we're going
- Target the needs of the people using the health system (not solely the technology)
- Emphasize the interdependent component parts required to achieve success – Technology, Financing, Policy/Process and Governance
- Focus on achievable progress in clear alignment with desired outcomes

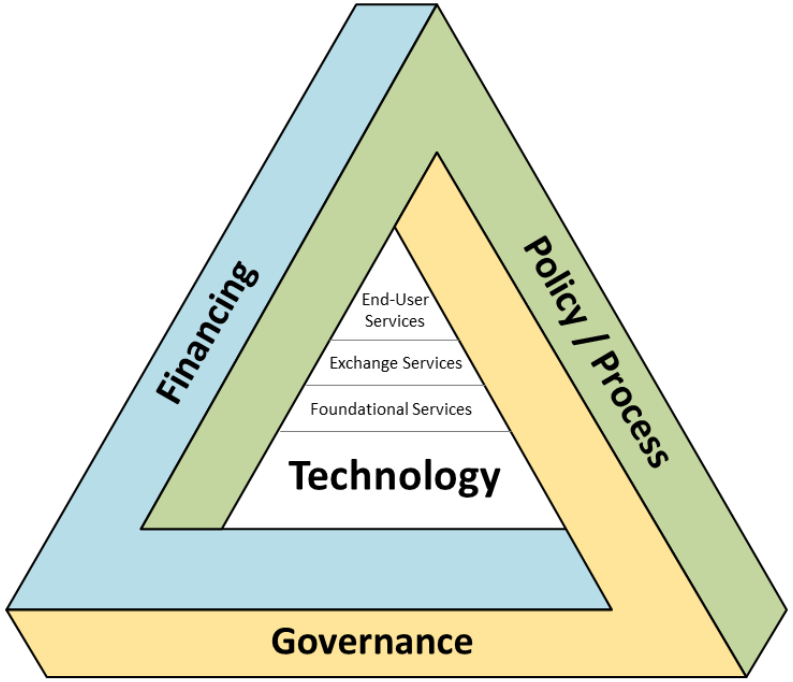
HIE Needs

- Created an initial library of use cases setting forth specific HIE needs
- Focused on delivering a credible and timely HIE plan
- Focused on foundational elements of HIE, particularly effective governance and specific future work

The HIE Plan Focuses on the Basic, Essential Elements

- A History of HIE in Vermont
- Establishing a Framework for Success
  - The HIE Ecosystem
  - Three Tiers of HIE Technology
- Governing HIE in Vermont
- HIE Sustainability
- Objectives & 2018-2019 Tactical Plan
- Future HIE Planning Considerations

The HIE Ecosystem is a Focal Point – *the environment required for HIE to effectively function*



GOALS

Create One Health Record for Every Person

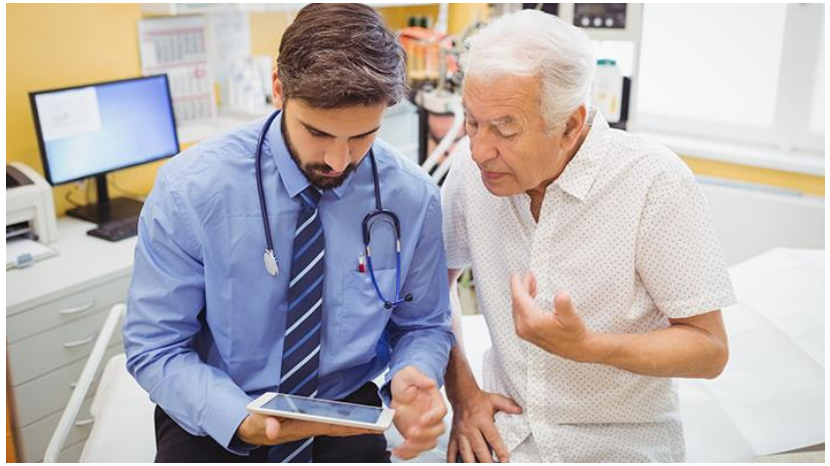
Improve Health Care Operations

Use Data to Enable Investment and Policy Decisions

Goals

1. *Create One Health Record for Every Person*

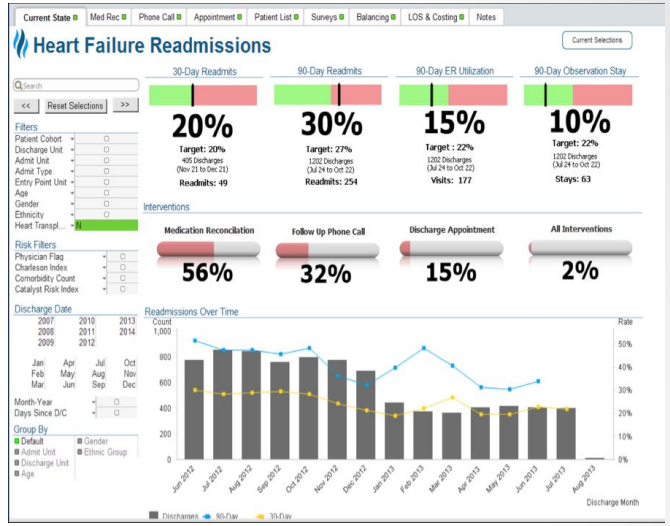
- Support optimal care delivery and coordination by ensuring access to complete and accurate health records
- Reduce provider burden by aggregating essential data in one, useful location
- Provide patient's with a comprehensive understanding of their health and care



Goals

2. *Improve Health Care Operations*

- Enrich health care practices with data collection and analysis to support quality improvement and reporting
- Align data aggregation and data quality efforts to support real needs
- Reduce burden associated with reporting
- Allow providers to analyze their own data and put information into action

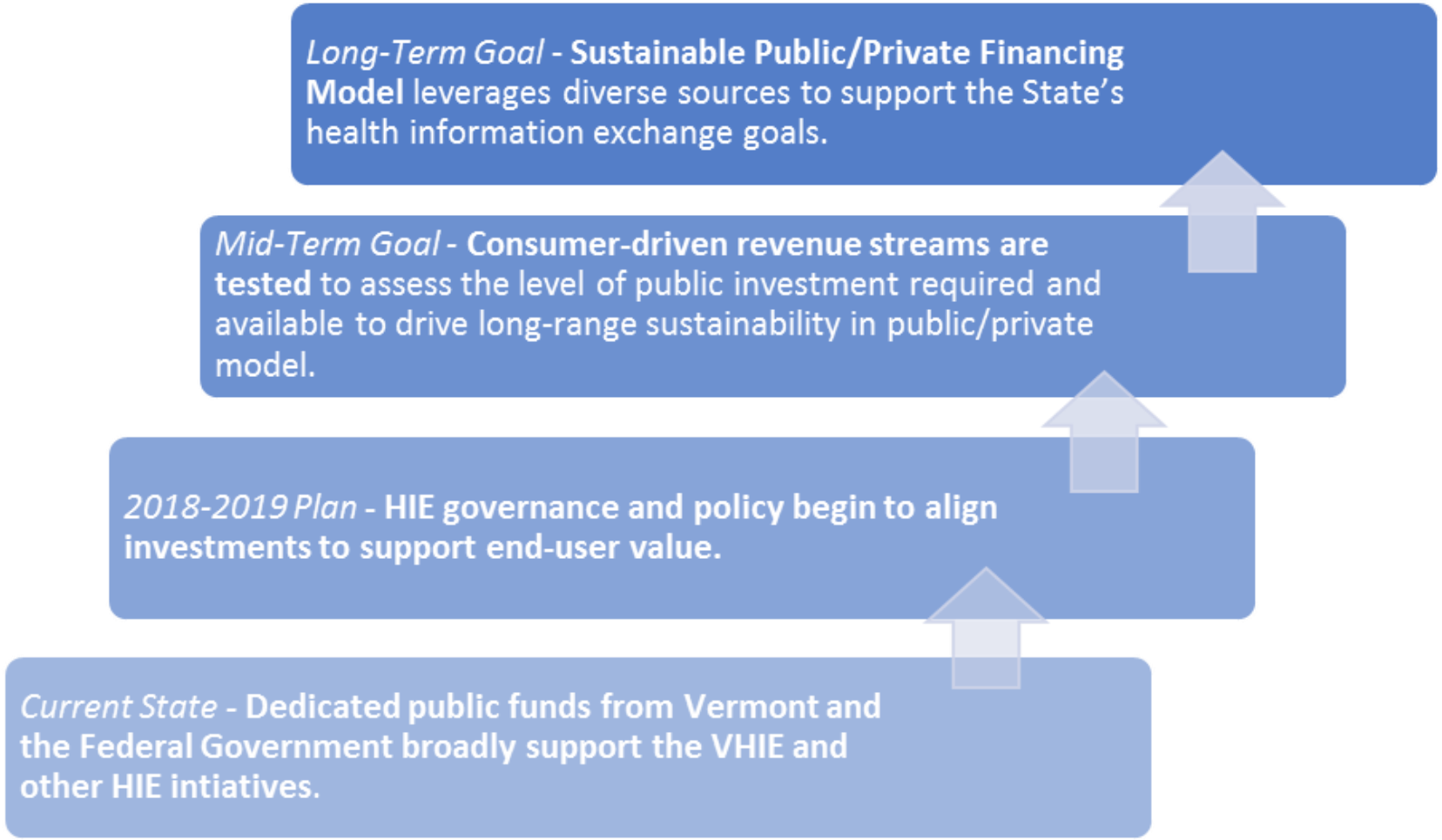


Goals

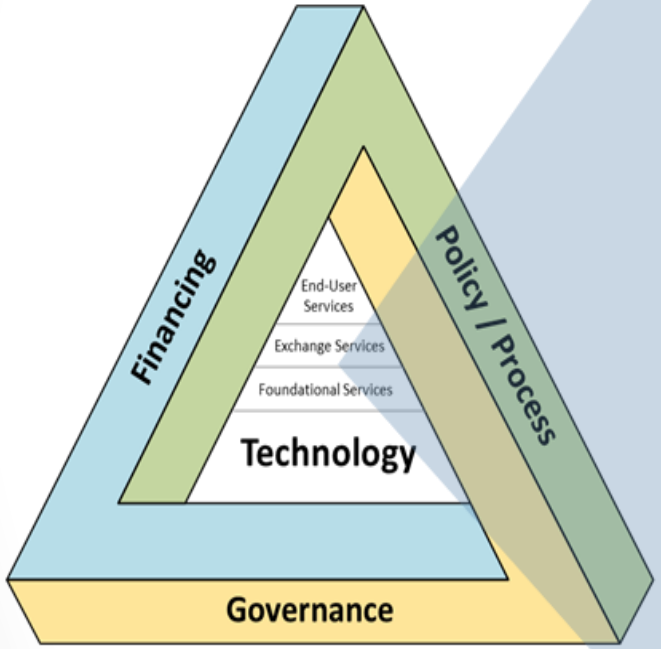
3. *Use Data to Enable Investment and Policy Decisions*

- Bolster the health system's ability to learn and improve by using accurate, comprehensive data to guide investment of time, labor and capital, and inform policy making and program development
- Put data in the hands of program's serving population-wide needs
- Enable data-informed decision making

The HIE Ecosystem: A Look at Maturity



HIE Technology: Building Blocks of Success



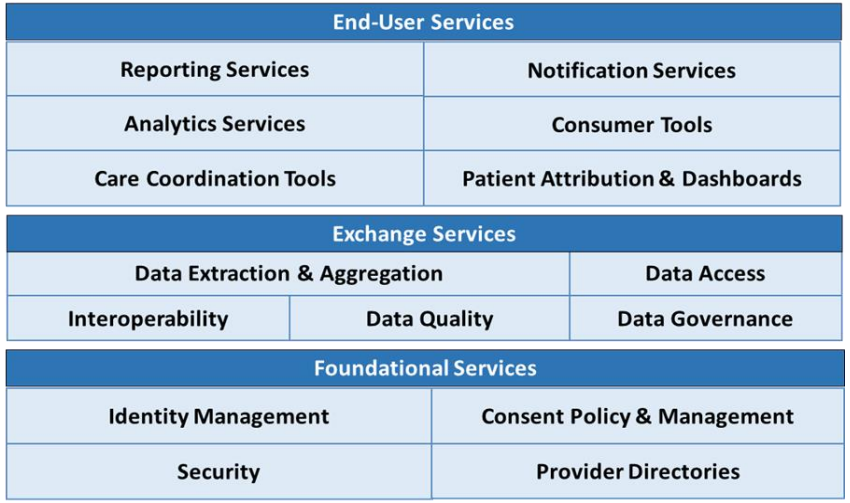
End-User Services	
Reporting Services	Notification Services
Analytics Services	Consumer Tools
Care Coordination Tools	Patient Attribution & Dashboards

Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance

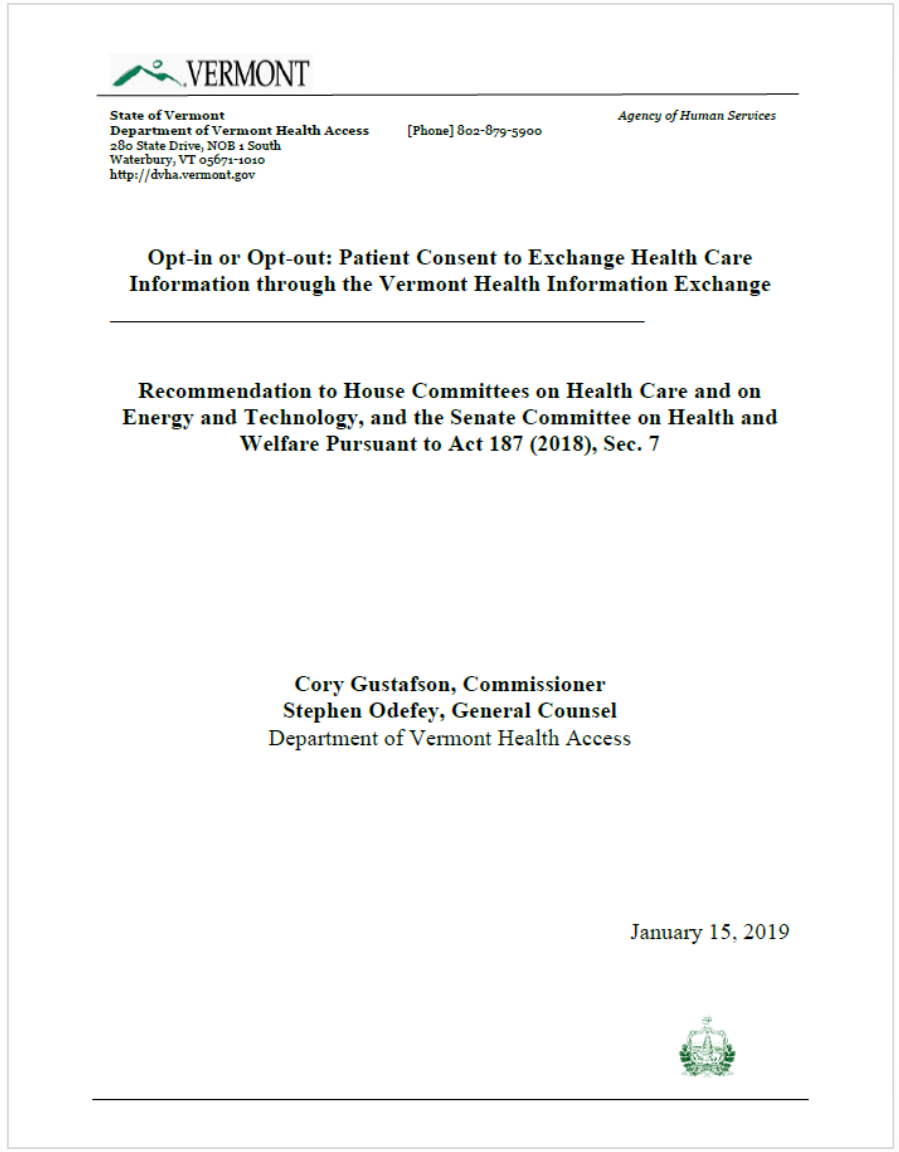
Foundational Services	
Identity Management	Consent Policy & Management
Security	Provider Directories

The HIE Plan Features a Tactical Plan to Make Progress towards our Goals in 2019

- The specific focus for 2018 and 2019 is:
  - Establishing the permanent governance model for the HIE
  - Incremental progress in:
    - Consent management
    - Data quality
    - Identity management
  - Initiating long term, sustainable financial planning
  - Overseeing the 2018-2019 plan and developing a 2020 plan, including a technical roadmap
- Tasks touch on all parts of the HIE Ecosystem and are delineated as foundational, exchange and end-user services



REPORT: RECOMMENDATION ON VERMONT'S CONSENT POLICY



VERMONT

State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010
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[Phone] 802-879-5900

Agency of Human Services

Opt-in or Opt-out: Patient Consent to Exchange Health Care Information through the Vermont Health Information Exchange

Recommendation to House Committees on Health Care and on Energy and Technology, and the Senate Committee on Health and Welfare Pursuant to Act 187 (2018), Sec. 7

Cory Gustafson, Commissioner
Stephen Odefey, General Counsel
Department of Vermont Health Access

January 15, 2019

Vermont's Consent Policy

- DVHA looked at 40 other states to determine whether national standards exist for HIE consent policies
  - Most states have either opt-out (default is that patient records are shared) or no state-level consent requirement
  - 4 states have a mix of opt-out and case-specific opt-in or some other unique combination of consent requirements
  - 3 states use an opt-in model (patient must provide consent to share records)
- Vermont is out of step with national trends in health data exchange policies
- An opt-out policy would enable Vermont's Health Information Exchange to effectively support the health care system
  - Vermont's current opt-in model is minimizing the health records available when clinicians provide care
- Changing the consent policy does not require legislative action
  - The Agency of Administration and the Green Mountain Care Board's administer the policy titled, *Policy on Patient Consent for Provider Access to Protected Health Information on VHIE of through the Blueprint*

2019 HIE ACTIVITIES

2019

- Health Information Exchange (HIE) Steering Committee
  - Evaluate new proposals, current HIE projects, and the execution of the HIE Plan
  - Assess the State's data governance efforts and define the Steering Committee's data governance role
  - Develop a 3-5 technical roadmap (working with a third-party consultant)
  - Further develop an HIE financing and sustainability model
  - Update the statewide HIE Plan

- VHIE (VITL) progress in consent management, data quality, data access, and records management

- Investment in shared HIE services to benefit the broadest portions of the health delivery system and health system programs
  - Under review: sharing of records management technologies and processes amongst OneCare Vermont, VITL, and Capitol Health Associates (operator of the Vermont Clinical Registry, primarily used by DVHA and the Blueprint for Health program)