

HIE Consent – GMCB Authority

- One of the Board’s duties under state law is to review and approve Vermont's statewide Health Information Technology (HIT) Plan, which must “include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, access to advance care planning documents, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.”
- As part of its review and approval of updates to the HIT Plan, the Board in 2014 approved the current “opt-in” HIE Consent Policy and thereby approved its incorporation into the HIT Plan (Policy on Patient Consent for Provider Access to Protected Health Information on VHIE or through the Blueprint; April 4, 2014).
- Additional legislation is not required for the modification of the Consent Policy of the HIT Plan, as under state law DVHA may propose, subject to Board approval, updates to the HIT Plan “as needed to reflect emerging technologies, the State's changing needs, and such other areas as DVHA deems appropriate.” Any modification of the HIT Plan with regard to consumer consent and privacy must still meet state and federal law privacy requirements, including the Health Insurance Portability and Accountability Act (HIPAA).

HIE Consent – Background and Status

- Historically, Vermont has had low rates of patient consent to share health information through the HIE. As of 2017, <19% of Vermonters had opted into the VHIE; this has increased to 39% as of late 2018, mostly due to implementation of an electronic consent process at UVMHC.
- The majority of statewide HIEs use opt-out consent models; in these states, 2-4% of patients opt out of the HIE system (96-98% have records included).
- Low consent rates limit the utility of the VHIE.
- DVHA’s January 2019 report on HIE Consent Policy (required by Act 187 of 2018) recommended moving to an opt-out model, but noted that some stakeholders oppose a change.