

I. VERMONT AT THE CROSSROADS

A. Structure and Governance of Health Information Technology and Health Information Exchange in Vermont

This section discusses the structure and governance of HIT/HIE in Vermont with special attention paid to VHIE structure, governance, finances, and technology/usage.

As covered in Section III, successful HIEs have met their core service obligations which means they have:

- Significant numbers of patients with their data accessible in the HIE;
- They matched the patients with the patient's records;
- Providers and consumers find that the HIE is easy to use; and
- The data are of high quality (the records are complete, accurate, etc.)

After accomplishing these elements, successful HIEs focus on adding value through use cases such as alert systems to assist them in being sustainable.

This section will demonstrate that the VHIE, operated by VITL, has not yet met these core service obligations and a fragmented structure for governance of HIT/HIE exists in Vermont today.

- Only 19.5 percent of Vermonters have been asked to consent to having their healthcare data accessible via the VHIE, and less than 19% affirmed, which means that a user has only a one in five chance that a specific patient's records can be viewed in the VHIE.
- The VHIE reports that it has many more patients records in the VHIE with a Vermont address than the number of Vermonters, which means that there are likely duplicate patients and records in the VHIE; and
- The VHIE use can be cumbersome (for example, accessing the VHIE may require a user to sign on to a different system) which is a common complaint of providers.

**Excerpt from Vermont Evaluation of Health Information Technology Activities - Final Report
& Excerpt from Presentation of Evaluation Report to the Green Mountain Care Board**

1. Vermont’s Consent Management Policy and Process

Table 3 - Lives in the VHIE and Consent Given¹

VITL	Records in the MPI	Vermont population	Number of Vermont patients solicited to provide consent	% of total solicited	Number of Vermont patients who gave consent (opted in)	% of total giving consent
2017	2,700,000	626,042	122,431	20%	117,432	19%
2016		626,042				
2015	1,500,000	626,042				
2014		625,741				
2013	800,000	625,741				
2012	543,500	625,741				
2011	300,000	625,741				

A key purpose of an HIE is to provide users with a complete source of healthcare data than can be used to make informed healthcare decisions and improve outcomes. Healthcare providers who range from individual clinicians to practices to hospitals and systems need to be able to rely on the VHIE to provide a complete picture of their patients’ healthcare. This is equally true of participants in Vermont’s state-led Blueprint for Health (Blueprint) program designed to “integrate a system of healthcare for patients, improving the health of the overall population, and improving control over healthcare costs by promoting health maintenance, prevention, and care coordination and management.”² Other users greatly benefit from data extracts from the VHIE to develop population health strategies and services. To achieve these benefits, the VHIE must have a significant number of patients who have consented to having their data viewable in the exchange.

Of the 626,042 Vermonters, only 117,432 have consented to have their healthcare data accessible in the VHIE. Only 122,431 Vermonters have been asked with 117,432 saying yes and 4,999 saying no. This means that only 19.5 percent of Vermonters have even been asked to consent to have their data accessible in the VHIE.

HIEs that operate under an opt-out mechanism (patients’ physical health data³ may be accessed in the HIE unless the patient specifically opts out), have many more patient records accessible to providers than HIEs that operate under an opt-in mechanism (patients’ physical health data may be in the HIE but is not accessible unless a patient specifically states that their records can be shared/exchanged). HIEs that are opt-out typically have 2 - 4 percent of their population opting-out or 96 - 98 percent opted-in.

¹ Vermont 2017 MU Program IAPD.

² [Vermont Act 128](#) of 2010, amending 18 V.S.A. Chapter 13.

³ Patient’s behavioral health information is further protected by law and is not viewable in HIEs unless the patient has specifically consented to allow their behavioral health information to be viewed, and under certain circumstances only.

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Vermont operates under an opt-in model. Of the 626,042 Vermonters, only 117,432, or less than 19%, have consented to have their healthcare data accessible in the VHIE.⁴ In addition to the inherent challenges of the opt-in model, there are several specific reasons for this very low percentage. First, patients must be asked if they want to have their healthcare data accessible in the VHIE. Only 122,431 Vermonters have been asked with 117,432 saying yes and 4,999 saying no. This means that only 19.5 percent of Vermonters have even been asked to consent to have their data accessible in the VHIE. When patients are asked, they overwhelmingly provide consent.

One of the primary reasons for the low number of patients who are asked to provide consent is the cumbersome process that is used. Currently a provider must have a patient sign a consent form which is a separate form than the consent form the patient signs agreeing to be treated by that provider. The provider must log out of their internal EHR system and log in to a second system that notifies the VHIE that the patient has consented. The provider must enter demographic information about the patient in that second system.⁵ Then, the consent form must be signed and retained by the provider.

Vermont hospitals, and most of Vermont providers, belong to a network of hospitals (hypothetically called Network 1) which includes healthcare data from all the EHRs, their own internal consent forms, and their own Master Patient Index used by the hospitals and providers. This means that providers within Network 1 have their patients' healthcare records for all the services performed within Network 1. Only records for services performed outside Network 1 are not in Network 1's system. Providers do not have an incentive to ask their patients for consent to share their data in the VHIE because most of their patients likely get their care within the network. There is little reason to take on the administrative burden of getting consent or for using the VHIE with its low number of patients who have provided consent.

⁴ VITL statistics as of September 30, 2017.

⁵ The VHIE recently began a pilot project with a UVM hospital that does not require providers to sign into a separate system to indicate that a patient has consented to have their health data viewable in the VHIE.

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Lesson 3: Laser-focused: Significant % of patients/records and high quality data in HIE

Vermont Current State: Low % of Patients and Issues with Quality

- ▶ **There is a low percentage of patients' data accessible in VHIE**
 - ▶ Other HIEs Opt-out policy vs. Vermont's Opt-In policy
 - ▶ VHIE consent management process is cumbersome (users log into different system)
 - ▶ VITL reports that only 19.5% of Vermonters have been asked to provide consent
 - ▶ Patients must provide written consent to have data viewable
 - ▶ Of those asked, 96% consented—patients want their data to be accessible in VHIE
 - ▶ End result: 19% (less than one in five) patients' records currently accessible in VHIE
- ▶ **There are gaps in matching patients with records**
 - ▶ VITL does not have internal capability to provide number of patients and addresses. (Rely on a vendor that provides "universe" numbers.) Vendor reported more patients with VT addresses than number of VT citizens--that results in duplication
- ▶ **Records are incomplete and/or not consistently accurate**

Consistent concern about data quality was expressed by interviewees

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Applying Lesson 1:

Recommendations for Effective Structure and Governance

- ▶ **Using existing State entities and private sector leaders, establish across-the-board Governance Committee to align projects and initiatives**
 - ▶ Develop broad HIT/HIE policies and strategic direction
 - ▶ Draft and approve HIT Plan
 - ▶ Recognizing there are existing agreements between VHIE and State sponsored programs for data sharing and services, develop timelines and plans to continue that work
 - ▶ Ensure various components, systems, and efforts tie back up to the HIT Plan
 - ▶ Oversee the State's HIT Fund and prioritize and coordinate activities
- ▶ **Administratively attach Committee to State (DVHA) with additional resources**
 - ▶ Contract oversight remains with State entities
- ▶ **Subgroups (finance, technology, and clinical) draft policies for Committee approval**
 - ▶ Statewide Data Governance Subcommittee
 - ▶ Legal and Policy Subcommittee to draft data ownership and control policy
 - ▶ HIT Plan Subcommittee to oversee annual HIT Plan updates

The State and stakeholders must commit to follow and meet the HIT Plan goals and objectives

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