

# Health Data Strategy

January 24, 2023



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AHS

# Agenda

- Goals of the Unified Health Data Space
- Unified Health Data Space Strategy
- Benefits
- Stakeholder Engagement
- Interaction with S.211

# Goals of the Unified Health Data Space:



Create 1 health record for every person



Better health outcomes



Improved healthcare operations



Use data to enable investment and policy decisions

# What?: The Unified Health Data Space (UHDS)

- The Unified Health Data Space (**UHDS**) is a collaborative initiative to streamline data services required to improve healthcare in Vermont.
- Costs/usage of technology will be shared among participants to avoid duplicative efforts and purchases.
- UHDS is an integral part of reform efforts supporting a broad spectrum of healthcare stakeholders/uses;
  - ✓ Point of Care (Providers)
  - ✓ Quality (ACO Provider Networks, Payers)
  - ✓ Policy Evaluation & Regulation (GMCB, Healthcare Reform, Blueprint)
  - ✓ Patients (Personal Health Responsibility)
  - ✓ Population Health (Health Equity, Public Health)
- UHDS will provide those with authorized access to needed information to key stakeholders in the healthcare arena including:
  - **Clinical** data
  - **Mental Health and Substance Use Disorder** data
  - **Claims** data
  - **Social Determinants of Health (SDoH)** data

# Why?: The Case For The UHDS To Enable Value Based Care in VT

1. As performance-based and risk-based reimbursement programs continue to drive health reform initiatives, the value of having an accurate, up-to-date, and complete health data becomes more and more critical.
2. VHIE is the engine to collect, normalize, and exchange health data and enables it to be transformed into actionable and meaningful insights for patient care.
3. The information is used for preventive care, evidence-based disease management, population health management, physician alignment, clinical integration, and participation in various reimbursement programs.
4. When complete, the VT Unified Health Data Space (UHDS) will include tools for comprehensive population health management including:
  - Point of care decision support
  - Patient engagement and outreach
  - Predictive modeling and risk assessment
  - Care gap analysis
  - Roll-up and drill-down outcomes reporting
  - Care management and coordination

# How Vermonters' Data is Shared

**The foundation of our work is the security of patient data and ensuring appropriate access to that data. This includes honoring patients' rights and preferences.**

- Every Vermonter can opt-out of having their data shared by VITL. Currently, 98.9% of Vermonters share their data.
- Data sharing is governed by
  - Services Agreements between VITL and the health care organizations that contribute and use data
  - VITL policies
  - State and federal law including HIPAA
  - Protocols for Access to PHI on the HIE in the HIE Strategic Plan

# What Data Is Available on the VHIE

	Send Data	Access Data
Hospitals ( <i>including all Vermont hospitals and a border hospital, along with their inpatient and ambulatory services, emergency departments, and owned specialty and primary care practices</i> )	16	16
Vermont Federally Qualified Health Centers	11	10
Independent Specialty and Primary Care Practices	31	63
Home Health Agencies	5	7
Nursing Homes and Long-Term Care Facilities	0	5
Pharmacy Chains and Independent Pharmacies	11	1
Laboratories (State and Commercial)	14	0
Departments of the State of Vermont	2	3
Designated Mental Health Agencies and Specialized Services Agencies	0	11
Emergency Medical Services	0	48
Payers	0	2

## Data in the VHIE

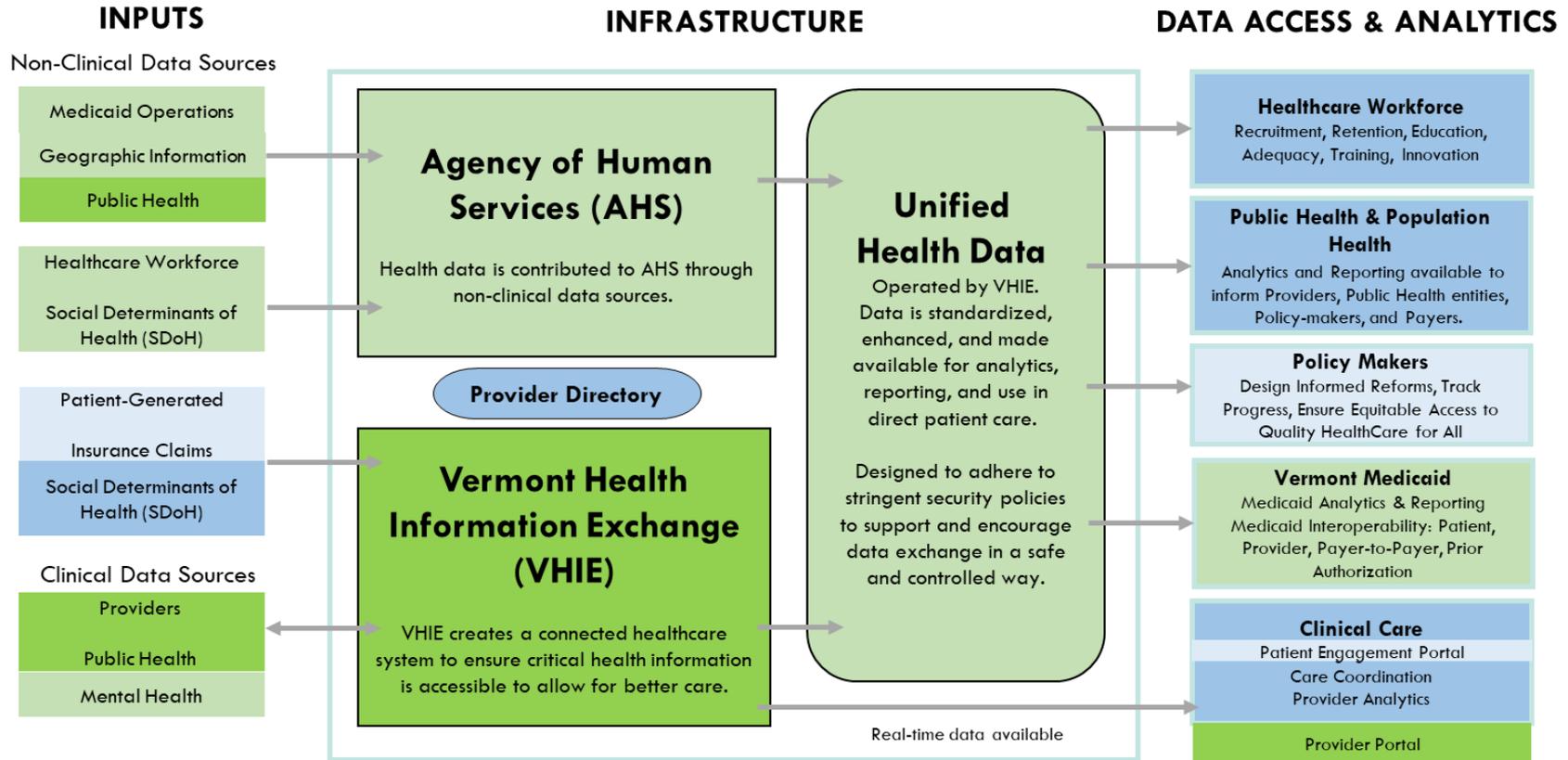
- Admission, discharge, and transfer (ADT) messages
- Laboratory results
- Radiology reports
- Transcribed reports – including notes
- Immunization messages
- Home health monitoring
- Continuity of Care Documents (CCDs)

## We are currently working to integrate new data

- Social Determinants of Health
- Substance Use Disorder

# UNIFIED HEALTH DATA SPACE

Built on Data Governance, Security, Patient Education, and Consent



## Legend

Current

In Progress

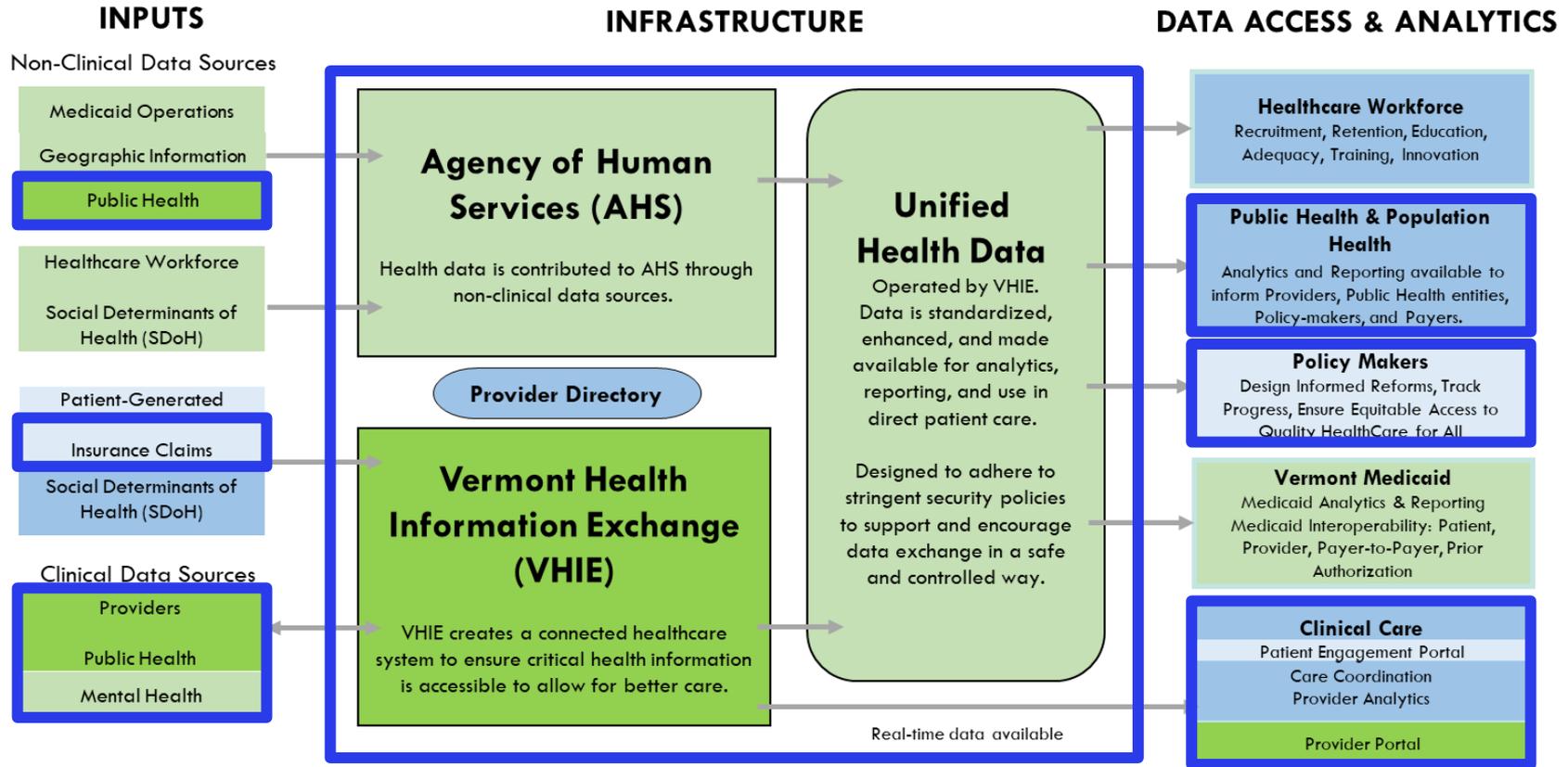
2024

2025+

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## Legend

Current

In Progress

2024

2025+

Of Relevance to S.211

# Benefits

- ✓ **Data Privacy and Security**
  - Patients at the center of their health data
  - Existing consent process
  - Strong /robust data security protocols and data privacy policies
  - Ongoing patient education
- ✓ **Funding Structure**
  - CMS Certified - predominately federally funded
  - State share a small percentage - best utilize limited resources across health eco-system
  - Ability to pilot/scale large scope items to benefit ALL Vermonters
- ✓ **National Landscape**
  - Aligned and consistent with national standards (FHIR & USCDI)
  - Responsive to new federal and state rules / regulations
  - Consistent with National standard
- ✓ **Leverage existing infrastructure**
  - Re-use existing infrastructure to eliminate duplicative costs
  - Example: Collaborative services and Medicaid Data Warehouse
- ✓ **Stakeholder engagement**
  - Active Steering Committee engagement
  - Flexible – add members as needs adjust



# Steering Committee – 18 Representatives

VOTING MEMBERS

**Kristin McClure - Chair**  
(Agency of Human Services)



**Emma Harrington**  
(VAHHS)



**Eric Schultheis**  
(Health Care Advocate)



**Jessie Hammond**  
(Vermont Dept. of Health)



**Vacant**  
(OneCare Vermont)



**Victor Morrison**  
(Person Advocate)



**Sandy Rouse**  
(Central Vermont Home Health and Hospice)

**Jimmy Mauro**  
(BCBS of VT)



**Mary Kate Mohlman**  
(Bi-State Primary Care)

**Simone Rueschemeyer**  
(Vermont Care Partners)



**Helen Labun**  
(Long Term Care Advocate)



**John Saroyan**  
(Practice Innovation Lead)



**Rick Dooley**  
(Independent Providers)



**Vacant**  
(Health Equity Expert)



NON-VOTING MEMBERS

**Beth Anderson**  
(VITL)



**Emily Wivell**  
(Agency of Digital Services)



**Kathryn O'Neil**  
(Green Mountain Care Board)



**James LaRock**  
(Privacy Expert)



# Stakeholder Engagement and Governance Process

## Steering Committee

- Comprised of members representing different components of the health system
- Routinely adding new roles
- **Purpose:** sets direction and reviews operational progress

## Data Governance Council

- Host meetings open to the public
- <https://healthdata.vermont.gov/vermont-health-information-exchange-data-governance>
- **Vision:** Function as a collaborative oversight body to establish data governance policies that ensure the value and use of data in Vermont's Unified Health Data Space is maximized while also ensuring its quality, privacy, and security. Ensure people are at the center of their health data and provide ongoing patient information education.
- [HIE Data Governance Council Charter](#)

## Annual Strategic Planning

- [Health Information Exchange \(HIE\) Strategic Plan](#) is required by [18 V.S.A. § 9351](#)
- HIE Steering Committee collectively assesses results of current year, set direction and priorities for future year(s)

## Green Mountain Care Board

- Per [18 V.S.A. § 9351](#) Green Mountain Care Board is required to approve/reject/modify the Strategic Plan annually

**Transparency** is important, all materials can be found on our website at:

- <https://healthdata.vermont.gov/>

# Interaction with S.211

- S.211 Section 18 is consistent with the AHS Data Strategy elaborated in the [HIE Strategic Plan](#).
- Many elements are already in place to support the work, and AHS is poised for ongoing development and investments.
- This data strategy is well positioned for AHEAD model if Vermont is selected

## Key Strengths of S.211 / Unified Health Data Space Strategy:

- A Unified Comprehensive Health Record is a **single source of trusted data**
- **Cost**- A unified health data record not only produces the best clinical outcomes but is the most economical way to store data.
- **Privacy and Security**- A centralized data warehouse stores the most uniform and consistent procedures to keep Vermonters in the driver's seat of their own health data

# BACKUP

# About VITL:

- VITL operates the Vermont Health Information Exchange (VHIE) outlined in 18 V.S.A. § 9352 (c) (1)
- VITL is a 501(c)3 nonprofit organization founded in 2005
- VITL's mission is to securely aggregate, standardize, and share the data needed to improve the effectiveness of health care for Vermonters

# What VITL Does:

- **Collects, matches, and standardizes patient data** in real time from providers caring for Vermonters **to create one comprehensive health record for each person**
- **Serves as a hub** for efficient data sharing between health care organizations
- **Protects patient data** through robust security and privacy practices, and ensuring appropriate access to data
- **Makes data available** to inform:
  - Patient care
  - Care management
  - Quality improvement
  - Public health activities
  - Population health initiatives
  - Health care reform