To: House Health Care Committee

From: Beth Anderson, President & CEO, VITL

Date: April 28, 2025

Re: VITL Comments regarding S.126 Section 10

Thank you for the opportunity to provide additional comments regarding S.126, an act relating to health care payment and delivery system reform. I am the President and CEO of VITL, the legislatively designated operator of Vermont's Health Information Exchange (VHIE). VITL's comments are specific to Section 10. 18 V.S.A. § 9353 Integration of Health Care Data and recent Committee discussions related to that section. I hope this helps to illustrate VITL's work, efforts we have underway to expand access to data, and potential challenges for our work.

About VITL

VITL is an independent, not-for-profit based in Vermont. VITL has a board of directors who represent much of the health care community in Vermont. The organization was created in 2005 to operate the State's Health Information Exchange. VITL engages with partners across Vermont to share data, as illustrated in the table at the end of this letter.

VITL & Interoperability

The Vermont Health Information Exchange (VHIE), which VITL operates, was created to enable health care providers serving Vermonters to share the health records for their patients to inform more efficient, effective health care. Across the country, Health Information Exchanges (HIEs) were created to solve the challenges presented by the lack of standardization and connectedness of health data systems used by individuals and organizations that provide care to individuals. HIEs enable the electronic and secure sharing of health data across care providers (e.g. nurses, doctors, pharmacists, emergency medical technicians, and physical therapists).

VITL delivers on that goal of interoperability across Vermont providers every day. VITL serves as a hub for health data collection and sharing and fills the gap that is often referred to the "last mile" to deliver health data interoperability. Our team builds connections that collect data from organizations that deliver care, regardless of the technology they use to collect that data. We work with each individual organization to understand their system and their data, to be able to map it into our data repositories. Our work includes standardizing, matching, and transforming submitted data to make data from across organizations more usable and comparable, with the goal of *creating a single health record for each Vermonter*.

VITL collects and shares patient data from across the health care ecosystem. Data is submitted by hospitals, but it is also submitted by FQHCs, private practices, home health, pharmacies, etc. As illustrated in the following table, VITL currently receives data from 107 organizations serving Vermonters, and makes data available to almost 200 organizations. That data comes from approximately forty different types of electronic health record solutions – this ranges from large EHR vendors, such as Epic, to solutions targeted at specialty practices, such as PCC.

	Contribute Data	Access Data
Hospitals (including 14 Vermont hospitals and two border hospitals, along with their inpatient and ambulatory services, emergency departments, and owned specialty and primary care practices)	15	16
Vermont Federally Qualified Health Centers	11	10
Independent Specialty and Primary Care Practices	49	91
Home Health Agencies	4	5
Nursing Homes and Long-term Care Facilities	0	4
Pharmacy Chains and Independent Pharmacies	11	1
Laboratories (State and Commercial)	15	0
Departments of the State of Vermont	2	3
Designated Mental Health Agencies and Specialized Services Agencies	0	12
Emergency Medical Services Agencies	0	50
Commercial Payer	0	1

In addition to making the data more available to providers to inform patient care at the point of care, VITL works with health care partners to make VHIE data available for other purposes. Our partners include private and public payers, care coordinators, the Blueprint for Health, and various programs across the Vermont Department of Health.

The following links provide information about some of the ways we've worked across the health care community to ensure that VITL data is available to support the needs of the community:

WPTZ Story: How VITL data supports Vermont Emergency Medical Services agencies
https://www.mynbc5.com/article/richmond-rescue-partners-with-healthcare-non-profit-to-save-lives-faster/62769490

Hardwick Gazette Story: How VITL partners with Vermont Department of Health's WIC program to support Vermont families and save time for pediatric practices
https://hardwickgazette.org/2025/03/25/remote-wic-appointments-to-continue-increasing-access/

Case Study: How a VITL service saves time for nurses in a busy independent primary care group
https://vitl.net/wp-content/uploads/2025/01/VITL-immunization-Registry-Query-Case-Study.pdf

<u>Why an HIE</u>

An HIE is a more cost-effective, easier to implement solution to interoperability than working to implement a single system (electronic health record, or EHR) into an existing health care ecosystem. And having an independent, non-profit HIE means having full control over the data, and not being beholden to a private, commercial vendor to be able to use, share, and protect the data.

We believe one EHR is not a viable solution for Vermont's health care organizations. There are a variety of challenges with moving to one EHR, which include significant cost for implementation and ongoing licensing; the lack of one system able to support the workflow and operational needs of all provider types, as described by the VNAs of Vermont; the range of technical capabilities and resources available, in particular at smaller organizations; the regularly demonstrated impact to provider morale and resulting turnover of changing EHR; and the need for immediate and long term standardization and data governance across a vast range of organization types and sizes.

<u>Data Privacy and Security – Sharing HIE Data</u>

HIEs are designed to be neutral, independent stewards of the health data they collect and store. VITL takes its role as the steward of Vermonter's health data seriously. The foundation of our work is the security of patient data and ensuring appropriate access to that data. This includes honoring patients' rights and data sharing preferences. In addition, VITL is committed to regular, direct outreach to and engagement with Vermonters to ensure they understand how data is shared, why it matters, and what options they have.

Data sharing and appropriate access to VHIE data is governed by the Services Agreements between VITL and organizations that contribute and use data, by state and federal law including HIPAA, by VITL policies, and by Appendix A of the State's HIE Strategic Plan. Perhaps most important, data sharing is guided by patient consent. Every Vermonter has the <u>option to opt-out</u> of having their health data shared by VITL.

<u>Integration of Clinical and Claims Data</u>

VITL supports the work underway at AHS to explore the potential benefits of combining claims and clinical data. VITL does not hear frequent demand from the provider community for having claims data available to them in the VHIE. We believe there are more valuable clinical data sets VITL can focus on to better support care and the needs of our clinical stakeholders, such as social drivers/determinants of health and substance use disorder data, which we look to include in the near future.

<u>Expanding to the Use of VHIE Data</u>

We are working to implement new means of making the data accessible and available to providers when and how they need it. Our work includes constantly building connections to collect data from new providers and expand the amount/type of data we receive from current participants.

VITL is also working to expand our capabilities to ensure we get the right data to the right users at the right place. VITL:

- Regularly onboards and trains new organizations and providers with access to our provider portal, VITLAccess. The provider portal allows health care providers to access a single, comprehensive health record for each of their patients at the point of care. This includes doctors in the emergency room, primary care providers at annual visits, specialists, and emergency responders.
  - o These records aggregate data from across providers into a single, standardized record that delivers a more complete picture about an individual's care than a single organization would have.
  - o In the past two years, our team has ramped up provider outreach and education, leading to a 77% increase in active VITLAccess users since the beginning of 2023.
- Has implemented a new capability, through eHealth Exchange, that enables interested providers to access patients records through a search directly from their EHR; one hospital is currently using that service to access data.
- Continues to connect providers to our results delivery services. VITL delivers lab results received from hospitals and deliver those results directly into the EHR of interested community providers – saving both the hospitals and providers from having to maintain multiple connects and/or deliver results by fax and phone. Each year we connect new providers to this service.
- Is engaged in a pilot that utilizes new health care technology standards to make data available for access through Application Programming Interfaces (APIs) – these would allow providers to query the VHIE for the data they want from within their EHR. This capability will be expanded in the coming years.
- Works with organizations to create and deliver data extracts to provide them the data they care about for them to use within their workflow and systems.

The VITL team regularly seeks input from organizations about what data they'd like to receive, and how. In the coming years, VITL is working to deliver data in new and meaningful ways through more analytic capabilities. The capabilities might include identifying elements such as gaps in care, duplicative testing, or patients at risk of future conditions; supporting transitions of care and care coordination; and informing quality measurement.

While VITL has strong coverage across organizations delivering health care to Vermonters, as illustrated in the table above, there is opportunity to get VITL's tools and services in the hands of more providers. We support expanding participation in the VHIE, including connecting to new providers and provider types, and expanding the data we receive from existing partners. This

year, we added a staff member who is focused on doing provider outreach – she's been doing a lot of work to reach out to organizations to educate them about our tools. This work is funded to continue for another year, and we expect the advancements to continue.

Unfortunately, getting data to providers is not just about expanding VITL's capabilities. It requires the health care organizations that want to submit and/or access data to have the technical capabilities and financial resources needed to enable the sharing and/or integration of data by their electric health record systems. EHR vendors are at varying stages of capability development. Even when certain capabilities are available, providers often incur additional costs for implementation and ongoing operation of these services. While the federal Meaningful Use Program funded many providers for implementation of an EHR and connection to an HIE, that support no longer exists and providers are forced to fund these connections and capabilities directly.

The VITL team is committed to continuing our work to advance interoperability and make data available to support more effective and efficient care of Vermonters, and to minimize burden on providers. We will continue our work to get new data into the VHIE – this includes connecting to more providers as well as expanding the types of data we receive from our data contributors. And we are committed to continuing to work with our partners to get the data into the systems and workflows of those providing care to Vermonters.

Thank you for considering this feedback. Please contact us at any time if you have questions at banderson@vitl.net.