



S.126 Section 10

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Focus: Interoperability between hospitals

Options:

- Direct EMR to EMR
- HIE
- Trusted Exchange Framework and Common Agreement

Direct EMR to EMR connection

Pros: Bidirectional exchange of records, currently the only way to allow orders to flow from an external EMR (think labs and imaging)

Cons: Costly, hard to maintain, not scalable (each connection has to be individually built).

HIE Connection

Pros: Bidirectional exchange of records, single setup with little to no maintenance, scalable, cheap or free depending. Much larger network of connected systems.

Cons: user experience is dependent on the EMR receiving the information. Requires external login if no native EMR support (VITL access as an example). No ability to send or receive orders.

TEFCA (Trusted Exchange Framework and Common Agreement):

Pros: same as HIE but single nationwide system--

<https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca>

TEFCA is a federal government-driven initiative, led by the ONC (Office of the National Coordinator for Health IT) and operated by The Sequoia Project. It establishes a standardized approach to nationwide health data exchange

Cons: federal uncertainty, not fully implemented, data privacy

Additional Thoughts

- **Improve system design.** Workflows matter. Having data that is easy to access is critical to have data used. Systems need to be designed so they are easy for providers to use and access. We need integrated connections, not separate sign-ons.
- **Regional connections** are also critical. People routinely leave VT for care.
- **Governance.** A process for governance critical if we are sharing systems, so that decisions on interfaces, fields, data sharing, etc are transparent and all providers have the ability to participate in decisions.