

To: Senate Health & Welfare Committee  
From: Beth Anderson, President & CEO, VITL  
Date: February 25, 2025  
Re: Senate Health and Welfare Health Care Reform Committee Bill Outline

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Thank you for the opportunity to provide testimony regarding the draft outline of the 2025 Senate Health & Welfare health care reform committee bill published on 2/10/2025. 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 Part 3 of the outline, regarding the integration of clinical and cost data for clinical improvement, regulation, health system evaluation, and policy development.

VITL is excited about the opportunity to continue and expand our work to integrate and share health data in support of providers across Vermont and the State's health care reform efforts.

#### 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.

#### HIEs and Interoperability

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).

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. VITL serves as a hub for health data collection and sharing. Our team builds connections that collect data from organizations that deliver care, and then works to standardize, match, and transform that data to make data from across organizations more usable and comparable, with the goal of creating a single health record for each Vermonter.

In addition to making the data more available to providers to inform patient 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.

## Why an HIE

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 operational 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, access, 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 to be able to support the workflow and operational needs of all provider types; the range of technology capabilities and resources available, in particular at smaller organizations; the significant impact to provider morale and turnover of changing EHR; and the need for immediate and long term standardization and data governance across a vast range of organizational types and sizes.

## Data Privacy and Security – Sharing HIE Data

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 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.

## Integration of Clinical and Claims Data

VITL supports the comments made by AHS on Thursday regarding claims data. VITL does not hear demand from the provider community for having claims data available to them in the VHIE. Vermont's All Payer Claims Database, VHCURES, is an administrative dataset that is targeted to support research and policy efforts, which represents a portion of claims (60% commercial, 100% government) and is often captured with time delays. 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.

## Opportunities

Our work includes constantly building connections to collect data from new providers and expand the amount/type of data we receive from current participants, as well as to implement new means of making the data accessible and available to providers when and how they need it. Examples of this work include projects underway, such as:

- Regularly building new interfaces with provider organizations to collect data. Our current contract with the Agency of Human Services allows for up to 150 new/replacement interfaces;
- Defining standards and capabilities to integrate social determinants of health data, specifically the Centers for Medicare and Medicaid (CMS) Accountable Health Communities Health Related Social Needs (AHC HRSN) survey data;
- Getting emergency medical services providers (EMS) connected to the VHIE to support their work;
- Delivering data to support the Women, Infants and Children (WIC) program;
- Building means such as Application Programming Interfaces (APIs) to enable providers to query the VHIE for the data they want from within their EHR – access to immunization data is an example of this work; and
- Integrating birth and immunization records from VDH.

While VITL has strong coverage across organizations delivering health care to Vermonters, as illustrated in the table below, there is opportunity to do more. We support expanding participation in the VHIE, including connecting to new providers and provider types, and expanding the data we receive from existing partners.

In addition, we look forward to expanding our capabilities to ensure we get the right data to the right users at the right place. Near term opportunities include integrating substance use disorder data, enabling in-EHR access to VITLAccess and VHIE data, and continuing with VDH's strategic plan.

To achieve these goals will require providing additional resources for VITL to deliver the work and expand our partnership. It will also require providing additional resources for the provider organizations seeking to submit or access data - to support their ability to connect to the VHIE and to utilize the data and services that are/become available.

We believe it is important to be sure we continue to listen to and understand the needs that providers and others have for health data to support their work, in order to ensure that we are both focused on collecting the right data and able to prioritize delivering the right solutions.

Thank you for considering this feedback on the Committee bill outline. VITL looks forward to future conversations and input as the Committee furthers its work, and to having the opportunity to respond to the Committee bill language once it is drafted.

Please contact us at any time if you have questions at [banderson@vitl.net](mailto:banderson@vitl.net).

## VITL Participants

	<b>Contribute Data</b>	<b>Access Data</b>
<b>Hospitals</b> (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
<b>Vermont Federally Qualified Health Centers</b>	11	10
<b>Independent Specialty and Primary Care Practices</b>	49	91
<b>Home Health Agencies</b>	4	5
<b>Nursing Homes and Long-term Care Facilities</b>	0	4
<b>Pharmacy Chains and Independent Pharmacies</b>	11	1
<b>Laboratories (State and Commercial)</b>	15	0
<b>Departments of the State of Vermont</b>	2	3
<b>Designated Mental Health Agencies and Specialized Services Agencies</b>	0	12
<b>Emergency Medical Services Agencies</b>	0	50
<b>Commercial Payer</b>	0	1