

# VHIE Connectivity Criteria

June 1, 2020

# VHIE Connectivity Criteria Overview

- Required under 18 V.S.A. § 9352(i)(2)
- Establishes the conditions for health care organizations to connect to the Vermont Health Information Exchange (VHIE)
- Act 187 requires standards and protocols for electronic connectivity to health care data be incorporated into the State HIE Plan
- State HIE Plan annually reviewed and approved by the GMCB
- Aligns with US Core Data for Interoperability (USCDI) v1 Standards from ONC

# Connectivity Criteria

Supports the  
core mission of  
the VHIE

- Connectivity criteria help to ensure core mission can be met
  - Helps to ensure all data needed to *match patients* across organizations is present
  - Helps to ensure a *comprehensive set of data* is collected
  - Helps to drive *data quality* by defining requirements data must meet
- Criteria can be used to hold EHR vendors accountable

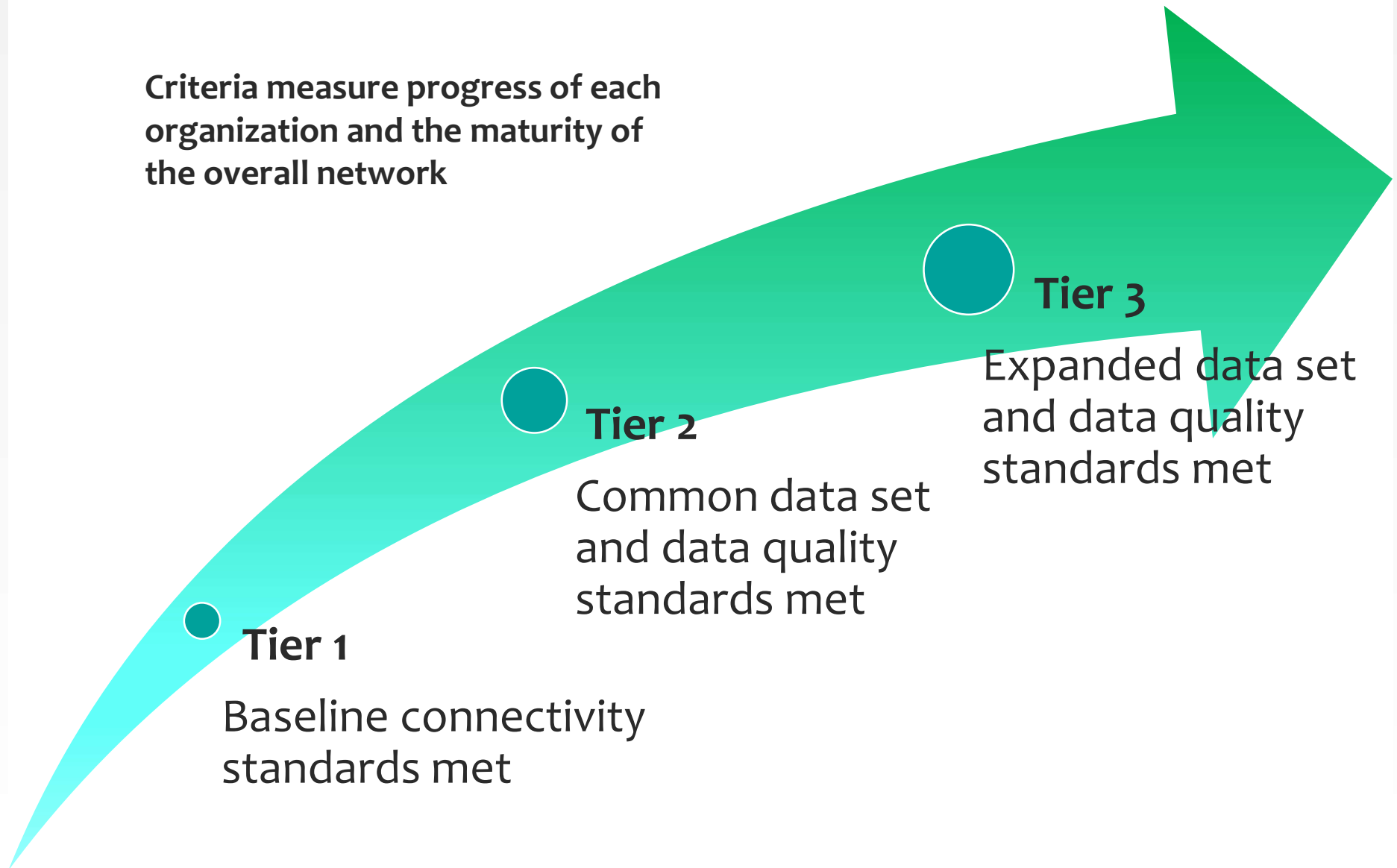
# Connectivity Criteria

Supports the  
State HIE Plan

- Sets a path for organizations to connect and contribute data
  - Longitudinal health record for all
  - Improve operations at the practice
  - Population health management in the learning health system
- Assists customers and stakeholders in selecting or maximizing technology investments
- Assists in setting priorities

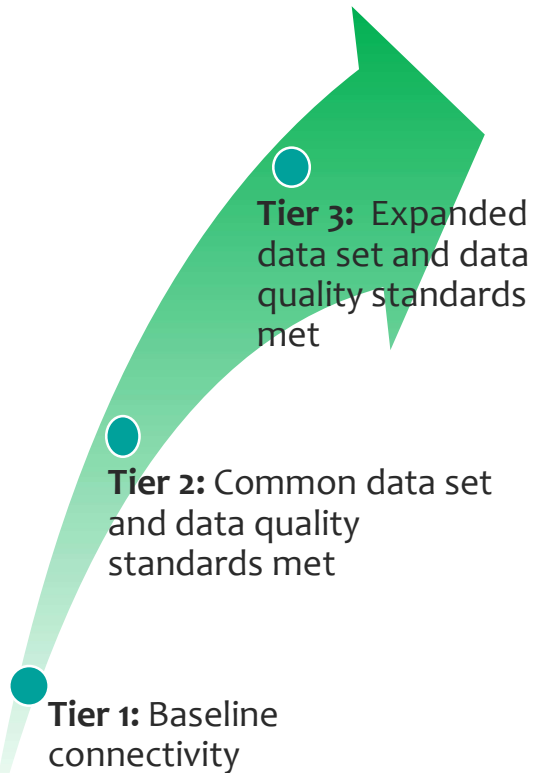
# Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network



# Connectivity Criteria

Uses expand as hospitals and practices advance through the stages



Criteria	Objective	Value
<ul style="list-style-type: none"> <li>Expanded data sets for use by stakeholder(s)</li> <li>Data is standardized</li> </ul>	<ul style="list-style-type: none"> <li>Variety of quality data aggregated for use by stakeholders</li> <li>Data can be analyzed across organizations</li> </ul>	<ul style="list-style-type: none"> <li>Performance measurement and population health management applications are optimized</li> <li>Expanded data uses possible for advanced end-user services</li> </ul>
<ul style="list-style-type: none"> <li>One common data set for use by VHIE and all stakeholder(s)</li> <li>Data is standardized</li> </ul>	<ul style="list-style-type: none"> <li>Uniform, quality patient data aggregated</li> <li>Data utility beyond point of care</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders can measure quality and manage populations (inform quality measures)</li> <li>Expanded data uses possible (example: Care Management)</li> </ul>
<ul style="list-style-type: none"> <li>Data supports patient matching</li> <li>Data is structured for storage and transmission</li> </ul>	<ul style="list-style-type: none"> <li>Implement planned interfaces</li> <li>Patient matching</li> <li>Data use at the point of care and by stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Clinicians can view basic data</li> <li>Clinicians can receive electronic results</li> <li>Patients are properly matched</li> </ul>

# Evolution of the Criteria

Existing Criteria	Revised Criteria
<p>Initial Criteria created in 2018 for Physical Health data contributors, and updated in 2019 based on experience and utilization in 2019 for Tier 2 &amp; 3</p>	<p>No updates to Physical Health data from 2019. Will be reviewing later in 2020.</p>
<p>Existing Physical Health Criteria is not applicable to the Mental and Behavioral Health data Designated Agencies generate.</p>	<p>New Mental and Behavioral Health Criteria created in 2020 and Tier 2 defined for this data contributor type. Data Prevalence was evaluated using the Vermont Care Network Database to help initial criteria decision making for 2020.</p>
<p>Customer and stakeholder education documentation to help them understand how the criteria are applied, the benefits and the outcomes in achieving the criteria.</p>	<p>Documentation will be updated based on addition of new data type later in 2020 once the Physical Health review has occurred.</p>

# Proposed New Criteria and their Overlap

Existing Physical Health Criteria	New Mental and Behavioral Health Criteria
Demographics	Aligns with existing criteria
Providers	Added additional members of the care team, since there are many other types of care givers in this setting
Diagnostic results	1 diagnostic result overlaps with the existing criteria. Added 9 new ones to align with (Pregnance, Platelet count, Hematocrit, Red Blood Cell Count and distribution width, Mean Corpuscular (MC) Volume, MC Hemoglobin, MC Hemoglobin Concentration, and Absolute Neutrophil Count)
Immunizations	Immunizations not administered at Designated Agencies
Problems	No overlap with existing criteria. Added top 10 Mental, Behavioral and Neurodevelopmental Health disorders due to physiological, substance use, psychotic, mood, nonpsychotic mental, behavioral syndromes, adult personality and behavior, intellectual disability, developmental, and childhood/adolescent behavioral and emotional factors



# Proposed New Criteria and their Overlap

Existing Physical Health Criteria	New Mental and Behavioral Health Criteria
9 problems	5 new problems added to align with stakeholder program needs (COPD, stroke, anxiety, depression, tobacco use including nicotine)
Procedures	No overlap, and no procedures identified for Tier 2. Sub committee thinking about other types of procedures specific to this data contributor that might be of value for Tier 3 next year.
Medications	Aligns with existing criteria
Allergies	Aligns with existing criteria
Screenings	Aligns with existing criteria
Vital signs	Aligns with existing criteria
Hospital encounters	Not applicable to Designated Agencies
Payers	Aligns with existing criteria

# New Proposed Mental and Behavioral Health Criteria

- Tier 1 – Focuses on their capability to connect to the VHIE and Initial Interface development
- Tier 2 - This consists of one common data set for each designated agency for use across the state by all stakeholders and healthcare providers
- Tier 3 - will consist of expanded data sets to be defined in the next year