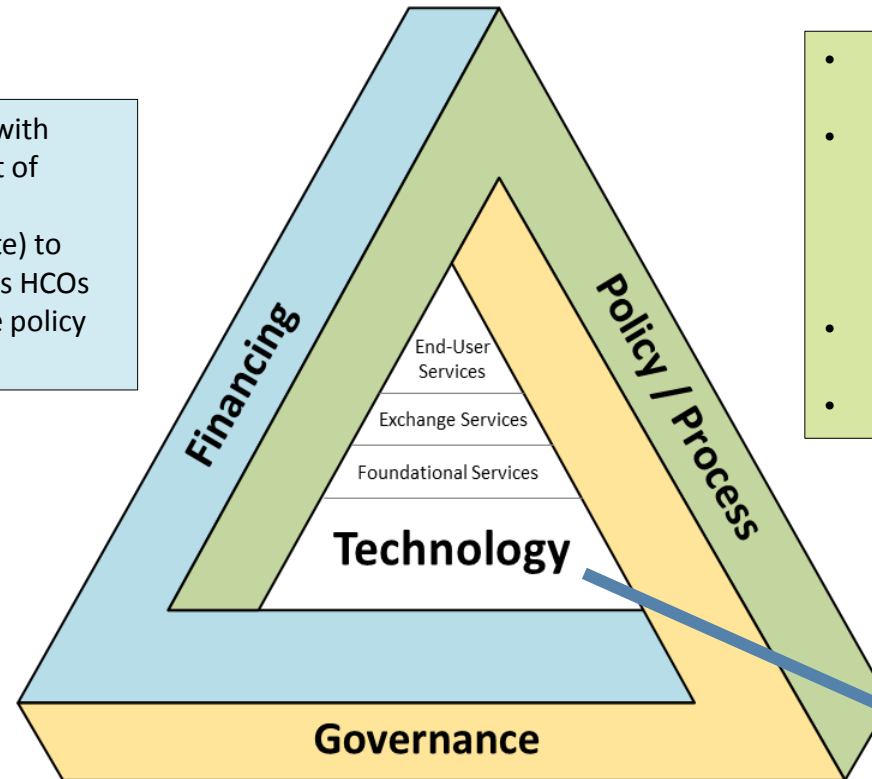# Exchange of Four Health Data Types: Physical Health, SDoH, DA (SUD/MH), Claims

Plans for 2020/21 & Associated Steering Committee Obligations

Exchange of Current Physical Health Data via the VHIE

- Technology Services contract with State of Vermont, Department of Vermont Health Access
- HITECH/HIT Fund (federal/state) to support connections to various HCOs & VHIE and staff to coordinate policy development

Financing

Policy / Process

End-User Services

Exchange Services

Foundational Services

Technology

Governance

- 18 V.S.A. § 9352 – VITL exclusively operates VT's clinical data exchange
- Clinical Connectivity Criteria (3-tiers)
    - Clinical Data Set & Data Quality Standards
    - VHIE Connectivity Certification Process
    - Connectivity Work Plan: creates individualized plan for organizations to advance data quality
- Act 53 of 2019: Vermont's Consent Policy is now "opt-out" – 95% of Vermonter's data available via the VHIE
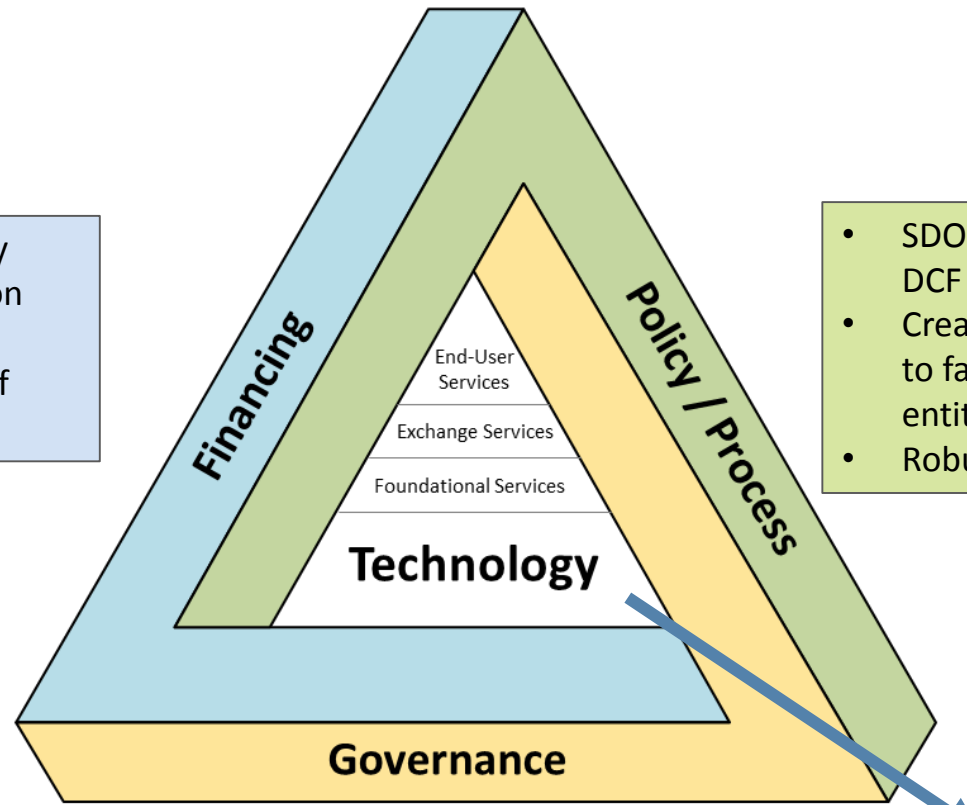- Robust security procedures

- Annual work to implement new and replacement interfaces
- Interfaces must be developed for individual message types (e.g., labs, immunizations or radiological results)
- Interfaces meet national data sharing standards (e.g., HL-7)
- Exchange services provided: Provider Portal, Results delivery, Direct Messaging, Event Notification
- Certified/validated security infrastructure

- HIE Steering Committee: guiding policy development and investment support
    - Connectivity Criteria Subcommittee: annually, subject matter experts guiding enhancements of Criteria
    - Interface Prioritization Subcommittee: developing criteria for selection of annual interface projects
- VITL Board of Directors: VHIE operations' oversight

2020/21 –*Physical Health Data* Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE Interface Prioritization Developed by Interface Subcommittee & Presented to Steering Committee	June 1, 2020	Assess and approve interface prioritization Criteria presented by VITL to the Steering Committee Note: Subcommittee met in April; Additional meeting is required
VHIE Interface Development and Replacement. 2020 goal: 85 interfaces (in DVHA/VITL contract)	Annually: January – December	Prioritization set by subcommittee and approved by Committee will guide this work. 23 or 85 completed for 2020.
Collaborative Services IT Implementation – enhancements of data quality 1. UMPI – Rhapsody Integration 2. Rhapsody Infrastructure 3. TermAtlas Implementation 4. Future Data Platform Implementation	October: final review of Phase I and II implementation (subcommittee) December: final implementation of Phase II	Leveraging the Collaborative Services Subcommittee, oversee execution of the project and use implementation results to inform ongoing HIE strategy
Connectivity Criteria (CC) Update/Revision developed by the CC Subcommittee	September 2020	Review and approve Updated Connectivity Criteria, as developed by CC Subcommittee

Exchange of Social Determinant of Health Data to Support the AIM Grant and OCV

- OneCare Vermont was awarded a grant by CHCS, funded by the Robert Wood Johnson Foundation, to enhance risk stratification efforts by leveraging social determinant of health data

- SDOH Connectivity Criteria related to VCCI and DCF data in support of the AIM initiative
- Create legal agreements between AHS & VITL to facilitate the sharing of data between SOV entities and external groups
- Robust security procedures

Financing

Policy / Process

End-User Services

Exchange Services

Foundational Services

Technology

Governance

- HIE Steering Committee: Approve SDOH datatype, Approve SDOH Connectivity Criteria, Support investment in SDOH data management capabilities
- AHS Data Governance Council: AHS-wide legal agreements to facilitate sharing of agency data with VITL & OCV

- Set up VITL infrastructure to manage SDOH data through the collaborative services project
- Create feeds from DCF to VITL
  - Data feeds from DCF to VITL
  - TBD: Augmenting Gateway feed to support SDOH data between VITL & OCV
- Certified/validated security infrastructure

2020/21 – SDoH Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE Interface Prioritization developed by Subcommittee & Presented to Steering Committee	June 1, 2021	Steering Committee to assess and approve interface prioritization criteria
Connectivity Criteria for SDOH Data	July 2021	Steering Committee to approve SDoH Connectivity Criteria sub-committee membership and sub-committee to propose update Criteria
Development of data sharing agreements between AHS and OCV	Fall 2020	Steering Committee to review and provide feedback
Identify technical solution for data sharing – (data exchange between DCF and VITL and potential enhancement of data gateway from VITL to DVHA/VCCI)	June 2021 – September 2021* Note: *This may be a phased or hybrid approach to satisfy grant requirements in the interim while establishing a more permanent solution*	AIM Team and/or VITL to present technical solution to Steering Committee as the solution may influence strategic planning *Could occur sooner if data elements are well understood before Conn. Criteria is developed
Implement technical solution for exchange of data	TBD Note: *data sharing may need to begin before final technical stage implemented*	Steering Committee to stay informed as implementation may influence strategic planning
SDoH subcommittee to assess next steps for aggregating additional SDoH data types through the VHIE and data access policies & procedures	By end of 2021 Note: *AIM Grant ends October 2021*	Steering Committee to direct work of SDoH subcommittee and use their outputs to inform ongoing work

Exchange of DA's Health Data* via the VHIE

Financing — Policy / Process — Governance

Technology
- End-User Services
- Exchange Services
- Foundational Services

- State grant/DA funds to support DA EMR implementation
- HITECH/HIT Fund (federal/state) to support connections between DAs and VHIE and staff to coordinate policy development
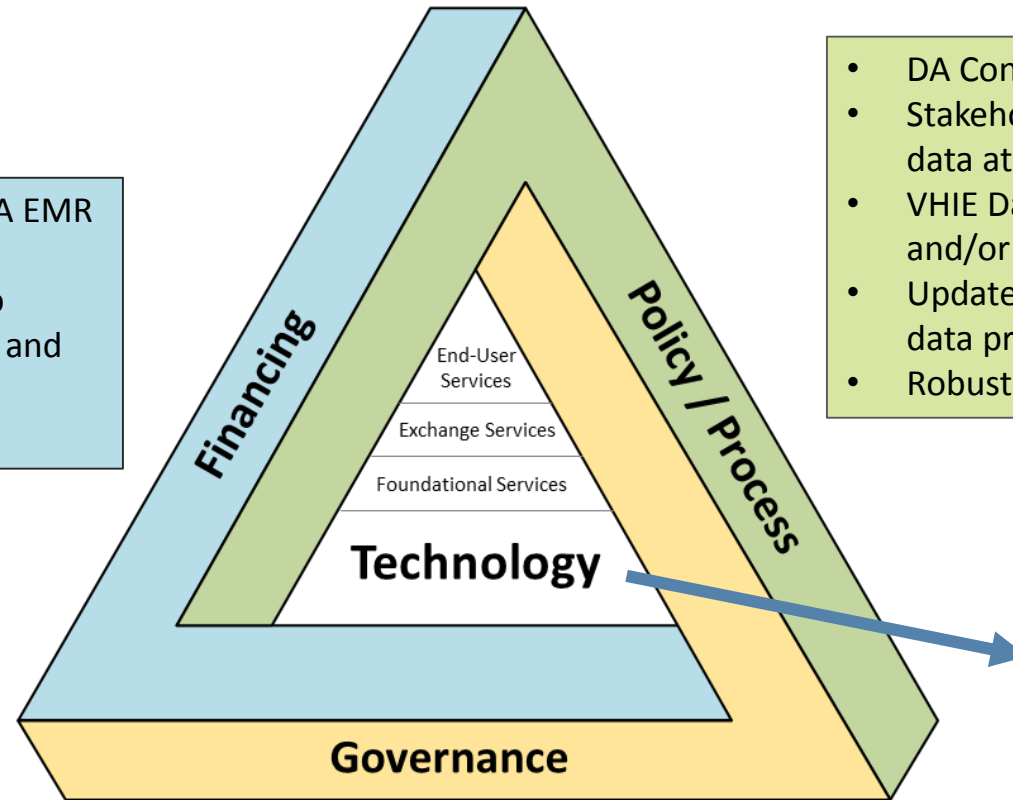
- DA Connectivity Criteria
- Stakeholder informed procedures for managing DA data at VHIE
- VHIE Data Sharing Policies to enable SUD exchange and/or DA data exchange
- Updated consent policy to enable patient-driven data protections for SUD data (within HIE Plan)
- Robust security procedures

- Consent management reflective of new consent policy (patient directed access)
- DA EMR implementation
- VHIE infrastructure ready to manage new data (intake to access)
    - Phase I - Access-based sharing across DA network; Phase II – Broader network sharing
- Data feed from VHIE to DAs
- Data feed from DAs to VHIE
- Certified/validated security infrastructure

- VCP Steering Committee
- Independent Review: oversight of DA EMR implementation
- HIE Steering Committee: guiding policy development and investment support
    - Connectivity Criteria Subcommittee: connectivity standards for DAs
- VCP: DA coordinating entity

*Data types: physical health, substance use disorder, mental health, and behavioral health data, and other "sensitive" data types.

2020/21 – DA Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
Independent Review of DA EMR Implementation Process	June, 2020	Committee will be informed of results via the final report/VCP presentation
DA EMR Implementation Across 9 DA Entities	Fall, 2020	Committee will be updated
DA Connectivity Criteria developed by the Connectivity Subcommittee, with contributions from DA subject matter experts	July, 2020	Committee to review and approve Criteria
Updated consent policy to enable patient-driven data protections for SUD data	December 2020 – proposal from VITL to Steering Committee March 2021 – Steering Committee reviews/approves	Review VITL's proposed policy and associated stakeholder engagement process. Assess policy and resubmit HIE Plan to GMCB with updated policy.
Stakeholder informed procedures for managing DA data at VHIE & VHIE Data Sharing Policy	December, 2020	Committee to review and approve
Interface prioritization to support DA connectivity developed by Interface Prioritization Subcommittee	January, 2021	After 2020 priorities are set, the group will be reconvened to discuss 2021 priorities

Managing Claims Data through the VHIE

HITECH/HIT Fund (federal/state) support investment in VHIE Data Platform which can manage claims data
- Data management services – TBD
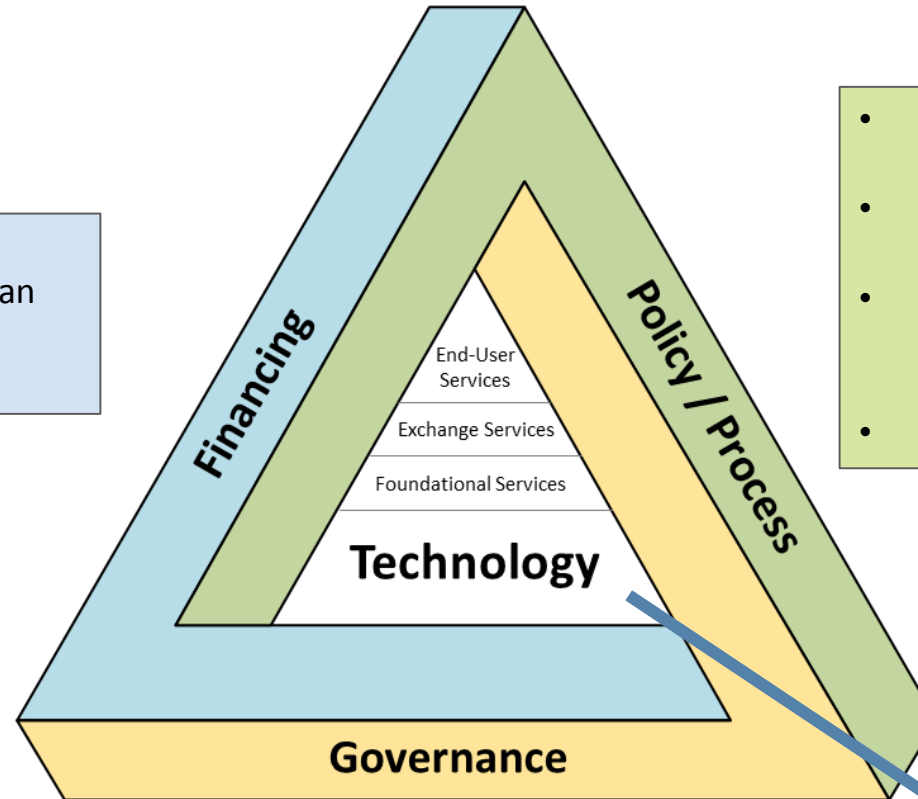
- VHIE Data Sharing Policy between payers and VHIE
- Payer/provider agreements acknowledging transmission of claims to VHIE
- US 21st Century Cures Act – requirements for payer to VHIE exchange and prevention of information blocking activities
- Robust security procedures

- VHIE will have the capacity to manage claims data by end of 2021
- VHCURES acts as Vermont's All Payer Claims Database
- Payers manage claims through individual systems e.g., Medicaid Managed Information System
- Certified/validated security infrastructure

- HIE Steering Committee: guiding policy development and investment support
- GMCB: VHCURES data governance and system management
- Payer specific governance

2020/21 – Claims Data Milestones

Milestone	Est. Completion Date	Steering Committee Role
VHIE implement capability to manage claims data	December, 2021	Collaborative Services Subcommittee to review implementation and report back to Committee
Pilot Design: Medicaid Claims managed in the VHIE	July 2021 – December 2021	TBD: Claims Subcommittee to support the design of a claims pilot including, but not limited to, use cases, data sharing agreements, data governance, and technical implementation strategies
Payer to payer data sharing via the VHIE	January, 2022	Steering Committee to review CURES Act obligations to inform strategic planning effort

Claims Data

- ***Theory of the case –***
  - Effectively linking clinical and claims data will support the use cases underpinning the HIE Plan, specifically to enable a real look at the impacts of clinical interactions at both the practice and population levels

  - VITL has purchased a master data management tool that has a proven track record of integrating clinical and claims data

  - Medicaid is willing to be the first payer to embark on testing the VHIE's new capabilities of linking clinical and claims data

  - If the VHIE can effectively link claims and clinical data, there may be an opportunity to consolidate the technologies used to aggregate and manage claims data

Claims Data

Notes on claims data in the HIE Plan –

- **IT Roadmap, "**Aggregating demographic, clinical, and claims data is foundational to evaluate population health statistics and emerging value-based programs"

- **Discussion Summary**, "BCBSVT are currently using claims data for much of their data analytics and this has "got them a long way" but clinical data will get them much further in terms of obtaining useful business intelligence and population health metrics from the current health care data."

- **Discussion Summary (VAHHS**), "Currently, hospitals are unable to get mental health care data, there is a gross lack of interoperability between systems, and an inability to timely [link] data to claims data, all of which could be improved through the HIE."