

# HIE Steering Committee

October 2, 2019



# Agenda

Topic	Schedule
Welcome	10:30
HIE Collaborative Services Update	10:30-10:40
Consent Evaluation Plan	10:40-11:05
BREAK	11:05-11:15
Tactical Plan Prioritization	11:15-12:30

# HIE Collaborative Services

## Overview of Collaborative Services Scope:

The Shared Services Project includes the following technology components:

1. Master Patient Index that can be applied as a unique identifier for every patient in the state of Vermont regardless of where they obtained health care.
2. Terminology Services to harmonize data across the VHIE & enable interoperability that allows for normalizing clinical data to a standard terminology.
3. Rhapsody Integration Engine to provide a common entrance for all interface healthcare data so that the UMPI and Terminology Services functionality can be applied and be able to queue, parse, and route data appropriately (including sensitive data).

## What is a UMPI

- One of the main objectives of Shared Services includes providing an Identity Management or Universal Master Patient Index (UMPI) that can be applied as a unique identifier for every patient in the state of Vermont regardless of where they obtained health care.
- **Planned Go Live Date: Dec 1, 2019**

## What is a Terminology Services Engine

- One of the main objectives of Shared Services is to standardize clinical terms for reporting and analysis. The goal is standardized, consistent, meaningful and interoperable data in the VHIE.
- Terminology services will be applied at the interface engine, which allows all data types, including sensitive data, to be queued, parsed, processed, and routed to only appropriate destinations.
- **Planned Go Live Date: April 1, 2020**

## Consent Implementation Evaluation Plan

- The Evaluation Workstream for the consent implementation policy seeks to “identify a methodology for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful.”

### A Three-Factored Approach to the Plan

1. Establishing an Evaluation Committee and outlining its role;
2. Drafting an evaluation approach with specific aims; and
3. Identifying potential data sources to be used for the evaluation.

## Establishing an Evaluation Committee

The establishment of an evaluation committee is in progress, and membership should be composed of representatives who:

- have expertise in evaluation methodology
- can ensure the evaluation is asking the right questions to address the key concerns
- can support identifying and accessing data sources

The role of the HIE Steering Committee is to provide oversight of the consent policy and the implementation plan. What representatives from your organizations may help fill these gaps?

## Drafting an Evaluation Approach

“Can Vermonters meaningfully consent to whether or not their health care providers are able to view their health information available through the Vermont Health Information Exchange?”

- Are Vermonters aware of their ability to decide whether their health care providers can view their health information available through the VHIE?
- Do they have enough information to understand the risks and benefits of providers viewing their health information available through the VHIE, and make a decision with which they are comfortable?
- Can Vermonters easily register their decision to not allow their health care providers to view their health information available through the VHIE?



# Identifying Potential Data Sources

Sources identified to date:

- Blueprint Patient Experience Survey
- SMHP Provider Landscape Survey
- VITL reports on participating providers and numbers of those opting in and out

What additional existing methods can we leverage as data sources?

- Does your organization conduct regular surveys?
- Do you know of existing data sources we are not aware of?
- How can we develop a process for integrating evaluation questions to harness those data sources?

Lantana  
CONSULTING GROUP

---



# State of Vermont, HIE Steering Committee HIE Technical Roadmap Project

## Roadmap Draft

Lantana Consulting Group

Velatura

September 18, 2019 HIE SC Meeting, Waterbury

### **Liora Alschuler, Project Executive & HIE Strategist**

- Email: [liora.alschuler@lantanagroup.com](mailto:liora.alschuler@lantanagroup.com)

### **Dave deRoode, HIE Technical Analyst**

- Email: [david.deroode@lantanagroup.com](mailto:david.deroode@lantanagroup.com)

### **Rick Wilkening, HIE Landscape & Policy Subject Matter Expert**

- Email: [rick.wilkening@velatura.org](mailto:rick.wilkening@velatura.org)

### Agenda

1. Finalizing HIE Technical Roadmap
2. Stakeholder Engagement Participants
3. Tactics / Accountable Parties / Timeframes

## Finalizing HIE Technical Roadmap

1. Complete feedback rounds with appropriate individuals and organizations
2. Conclude HIE Technical Roadmap document updates
3. Provide final presentations for HIE Technical Roadmap
4. Transition HIE Technical Roadmap ownership
5. Initiate immediate Near Term tactics as agreed upon by HIE Steering Committee

## Stakeholder Engagement Participants

Andrew Laing	Agency of Digital Services	Tyler Gauthier	OneCare Vermont
Dr. Anje Van Berckelaer	Battenkill Valley Health Center	Donna Burkett	Planned Parenthood of New England
Dr. Joshua Plavin	Blue Cross Blue Shield - VT	Wendy Campbell	Planned Parenthood of New England
Vicki Hildebrand	Blue Cross Blue Shield - VT	Emma Harrigan	Vermont Association of Hospitals and Health Systems
Jimmy Mauro	Blue Cross Blue Shield - VT	Simone Rueschemeyer	Vermont Care Partners
Kelly Lange	Blue Cross Blue Shield - VT	Ken Gingras	Vermont Care Partners
Georgia Maheras	Bi-State	Tracy Dolan	Vermont Department of Health
Heather Skeels	Bi-State	Karen Clark	Vermont Department of Health
Jennifer Ertel-Hickory	Bi-State/The Health Center	Jessie Hammond	Vermont Department of Health
Kathleen Blindow	Bi-State/Island Pond Health & Dental Center	Mary Kate Mohlman	Department of Vermont Health Access, Blueprint
Ester Seibold	Bi-State/Island Pond Health & Dental Center	Murali Athuluri	Vermont Department of Health - Mass eHealth Collaborative
Beth Tanzman	Blueprint	David Delano	Vermont Department of Health - Mass eHealth Collaborative
Tim Tremblay	Blueprint	Mike Smith	Vermont Information Technology Leaders
Mary Beth Eldridge	Dartmouth Hitchcock Medical Center	Frank Harris	Vermont Information Technology Leaders
Sarah Lindberg	Green Mountain Care Board	Carolyn Stone	Vermont Information Technology Leaders
Kelly Gordon	Medicaid	Andrea De La Bruere	Vermont Information Technology Leaders
Joseph Liscinsky	Medicaid	Christopher Shenk	Vermont Information Technology Leaders
Michael Hall	Medicaid	Jill Olsen	VNAs of Vermont
Dr. Ryan Sexton	Northeastern Vermont Region Hospital	Bobby-Joe Salls	Vermont Education Health Initiative
Carl Zigrovsky	OneCare Vermont	Leah Fullen	The University of Vermont Health Network
Amy Hoffman	OneCare Vermont	John McConnell	The University of Vermont Health Network
Katie Muir	OneCare Vermont	Lindsay Morse	The University of Vermont Health Network
Pennilee Shortsleeve	OneCare Vermont		
Sara Berry	OneCare Vermont		

Who are the individuals / organizations that are critical to successful adoption of HIE Technical Roadmap?

## Tactics/Accountable Parties/Timeframes

Component/Tactic (stage)	Accountable Party/Parties	Launch Timeframe
<b>End User Services</b>		
<b>Reporting Services (R)</b>		
Investigate integration of outpatient cancer reporting	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VTTL</li> </ul>	Near Term
Automate reportable labs	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VTTL</li> </ul>	Mid Term
Define Quality program universe through census	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> </ul>	Near Term
Assess data availability against Quality program requirements	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> </ul>	Near Term
Identify opportunities for simplification/harmonization	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Reporting Services (P)</b>		
Increase ambulatory cancer reporting	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> </ul>	Mid Term
Support birth and fetal death standard reporting	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> </ul>	Mid Term
Improve standard immunization reporting	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> </ul>	Near Term
Design Query/Retrieve for Immunizations	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> </ul>	Near Term
Standard quality reporting formats	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> <li>• HIE Steering Committee</li> </ul>	Mid Term
<b>Reporting Services (E)</b>		
Implement query/retrieve for immunizations	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> </ul>	Mid Term
Pilot standard quality reporting formats	<ul style="list-style-type: none"> <li>• Vermont Department of Health (VDH)</li> <li>• VITL</li> <li>• HIE Steering Committee</li> </ul>	Long Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party



## Tactics/Accountable Parties/Timeframes

<b>Notification Services (P)</b>		
Identify use cases and understand workflow for notifications	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• All providers</li> </ul>	Near Term
<b>Notification Services (E)</b>		
Increase sources of notifications	<ul style="list-style-type: none"> <li>• VTTL</li> <li>• VHIE Participants (subsets)</li> </ul>	Near Term
Expand sources to new VHIE participants	<ul style="list-style-type: none"> <li>• VTTL</li> <li>• VHIE Participants (subsets)</li> </ul>	Near Term
Increase recipients of notifications	<ul style="list-style-type: none"> <li>• VTTL</li> <li>• VHIE Participants (subsets)</li> </ul>	Near Term
Adhere to standards for consistency	<ul style="list-style-type: none"> <li>• VTTL</li> <li>• All VHIE participants</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>EHR Integration (R)</b>		
Investigate eClinicalWorks exchange solutions	• VITL	Near Term
<b>EHR Integration (P)</b>		
Evaluate workflow and data access preferences	• HIE Steering Committee	Near Term
Maintain/expand use of pharmacy claims	• Green Mountain Care Board • All Payers	Mid Term
<b>EHR Integration (E)</b>		
Implement VITLAccess SSO using standards	• VITL • VHIE Participants	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Consumer Tools (R)</b>		
Review current research on consumer access	• HIE Steering Committee	Near Term
Define principles of data access for consumer tools	• HIE Steering Committee	Mid Term
Track progress of open APIs (FHIR)	• VITL	Near Term
Evaluate third-party applications	• VITL	Mid Term
<b>Care Coordination Tools (R)</b>		
Define care coordination tool requirements	• HIE Steering Committee	Near Term
Assess care coordination tools against requirements	• HIE Steering Committee	Near Term
Expand care coordination tool adoption	• HIE Steering Committee	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

Patient Attribution (R)		
Validate care team attribution service capabilities	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
Develop a care team attribution use case	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

Exchange Services		
Data Extraction & Aggregation (R)		
Document requirements for statewide repository	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VHIE participants</li> </ul>	Near Term
Identify what SDOH will be beneficial	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Data Analysts</li> <li>• Care Coordinators</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

Data Extraction & Aggregation (P)		
Review state data on SDOH	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Agency of Digital Services</li> <li>• Agency of Human Services</li> </ul>	Near Term
Review VHIE SDOH data	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VTTL</li> </ul>	Near Term
Align VHIE SDOH with national standards	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VTTL</li> </ul>	Near Term
Map and align state agency data to data standards	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Agency of Digital Services</li> <li>• Agency of Human Services</li> </ul>	Mid Term
Monitor standards for capture of SDOH at point of care	<ul style="list-style-type: none"> <li>• VTTL</li> </ul>	Near Term
Pilot integration of AHS data into EHRs	<ul style="list-style-type: none"> <li>• VTTL</li> <li>• VHIE participants</li> <li>• Agency of Human Services</li> <li>• Agency of Digital Services</li> </ul>	Mid Term
Explore document management services	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VTTL</li> <li>• VHIE Stakeholders</li> </ul>	Near Term
Develop Request For Proposal (RFP) for statewide clinical repository	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Department of Vermont Health Access</li> <li>• Agency of Digital Services</li> <li>• VTTL</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Data Extraction &amp; Aggregation (E)</b>		
Select and implement statewide clinical repository solution	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Department of Vermont Health Access</li> <li>• Agency of Digital Services</li> <li>• VITL</li> </ul>	Mid Term
<b>Terminology Services (E)</b>		
Flag and categorize sensitive data per TEFCA	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Near Term
Normalize coded data to standards	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Interoperability (R)</b>		
Evaluate federal regulations/rules	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Department of Vermont Health Access</li> <li>• Agency of Digital Services</li> <li>• VITL</li> </ul>	Near Term
Evaluate federated exchange solutions	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> <li>• Department of Vermont Health Access</li> <li>• Agency of Digital Services</li> </ul>	Near Term
Explore expanding FHIR & query-based capabilities	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
<b>Interoperability (P)</b>		
Identify and initiate FHIR and query-based use case pilot	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> <li>• VHIE stakeholders</li> </ul>	Mid Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party



## Tactics/Accountable Parties/Timeframes

Interoperability (E)		
Support standards for existing use cases	<ul style="list-style-type: none"> <li>• VHIE stakeholders</li> <li>• VTTL</li> </ul>	Near Term
Ensure data alignment with USCDI	<ul style="list-style-type: none"> <li>• VTTL</li> <li>• HIE Steering Committee</li> </ul>	Near Term
Provide education regarding all available services, including VHIE Direct Secure Messaging (DSM) service	<ul style="list-style-type: none"> <li>• VTTL</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Data Quality (R)</b>		
Develop data quality work queue and process	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
Define rejection threshold	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
Consider constraining Connectivity Criteria	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
<b>Data Quality (P)</b>		
Consider tools and methods for local validation	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Near Term
Expand Connectivity Criteria template	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Mid Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

Data Governance (E)		
Define sensitive data	• Data Governance – HIE Steering Sub-Committee	Near Term
Map sensitive data to standards	• Data Governance – HIE Steering Sub-Committee	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

Foundational Services		
<b>Identity Management (R)</b>		
Investigate how to support identity management associated with sensitive data exchange	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Green Mountain Care Board</li> <li>• VITL</li> </ul>	Near Term
<b>Identity Management (P)</b>		
VHIE to provide mechanisms for stakeholders to use UMPI matching	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
Define UMPI value derivation processes	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Mid Term
<b>Identity Management (E)</b>		
Reconcile individuals associated with clinical VHIE information using UMPI in HCI	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Near Term
Provide UMPI-matched identities to initial stakeholders	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> </ul>	Near Term
Test reconciliation process	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Consent Policy &amp; Management (R)</b>		
Investigate standards-based consent management independent of HCI	<ul style="list-style-type: none"> <li>• VITL</li> </ul>	Mid Term
Evaluate and pilot granular consent management	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> <li>• VHIE stakeholders</li> </ul>	Long Term
<b>Consent Policy &amp; Management (E)</b>		
Implement approved consent policy	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• VITL</li> <li>• VHIE stakeholders</li> </ul>	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Tactics/Accountable Parties/Timeframes

<b>Provider Directory (P)</b>		
Evaluate existing provider directory capabilities	<ul style="list-style-type: none"> <li>• HIE Steering Committee</li> <li>• Department of Vermont Health Access</li> </ul>	Near Term
Request IAPD funds for integrating with provider directory	<ul style="list-style-type: none"> <li>• Department of Vermont Health Access</li> </ul>	Near Term
Develop VHIE Provider Directory Integration Project Plan	<ul style="list-style-type: none"> <li>• Department of Vermont Health Access</li> <li>• VITL</li> </ul>	Near Term
Seek annual MMIS IAPD funding	<ul style="list-style-type: none"> <li>• Department of Vermont Health Access</li> </ul>	Mid Term
<b>Provider Directory (E)</b>		
Pilot Provider Directory Interoperability	<ul style="list-style-type: none"> <li>• Department of Vermont Health Access</li> <li>• VITL</li> </ul>	Near Term
Fully Deploy Expanded Provider Directory Functionality	<ul style="list-style-type: none"> <li>• Department of Vermont Health Access</li> <li>• VITL</li> <li>• VHIE Stakeholders</li> </ul>	Mid Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

## Questions

---