

Health Information Exchange Steering Committee Meeting

June 22, 2020

Agenda

- Introductions
- Approve DA Connectivity Criteria
- New Interoperability Rules
 - ONC Cures Act Final Rule
 - Introduction
 - The Patient is the Focal Point
 - Information Blocking
 - Update to Health IT Certification Program
 - CMS Interoperability & Patient Access
 - VITL's Plan for Complying with the Final Rules
- COVID-19 Lessons Learned

Two Related Rules from Two Federal Entities

1. Office of the National Coordinator:
21st Century Cures Act Final Rule
2. Center for Medicare & Medicaid Services (CMS): **Interoperability & Patient Access Final Rule**



Shared
Goal

Putting the patient at the center of health care by driving interoperable systems that open a window to individual's health information.

Interdependent Rules Driving Interoperability

- **ONC's Cures Act Final Rule** supports seamless and secure access, exchange, and use of electronic health information. The rule is designed to give patients and their healthcare providers secure access to health information. It also aims to increase innovation and competition by fostering an ecosystem of new applications to provide patients with more choices in their healthcare.
 - Defines and penalizes Information Blocking
 - Uses the ONC IT Certification Process to Force Use of Data Exchange Methods
 - Raises the baseline for data exchange by establishing the USCDI (core data set)
- **Interoperability & Patient Access Final Rule** creates a framework of requirements to enable individuals to access their own health care data and drive interoperability. Requirements impact health plans and providers participating in federal health care programs.
 - Relies on ONC's technical standards to drive action amongst specific actors

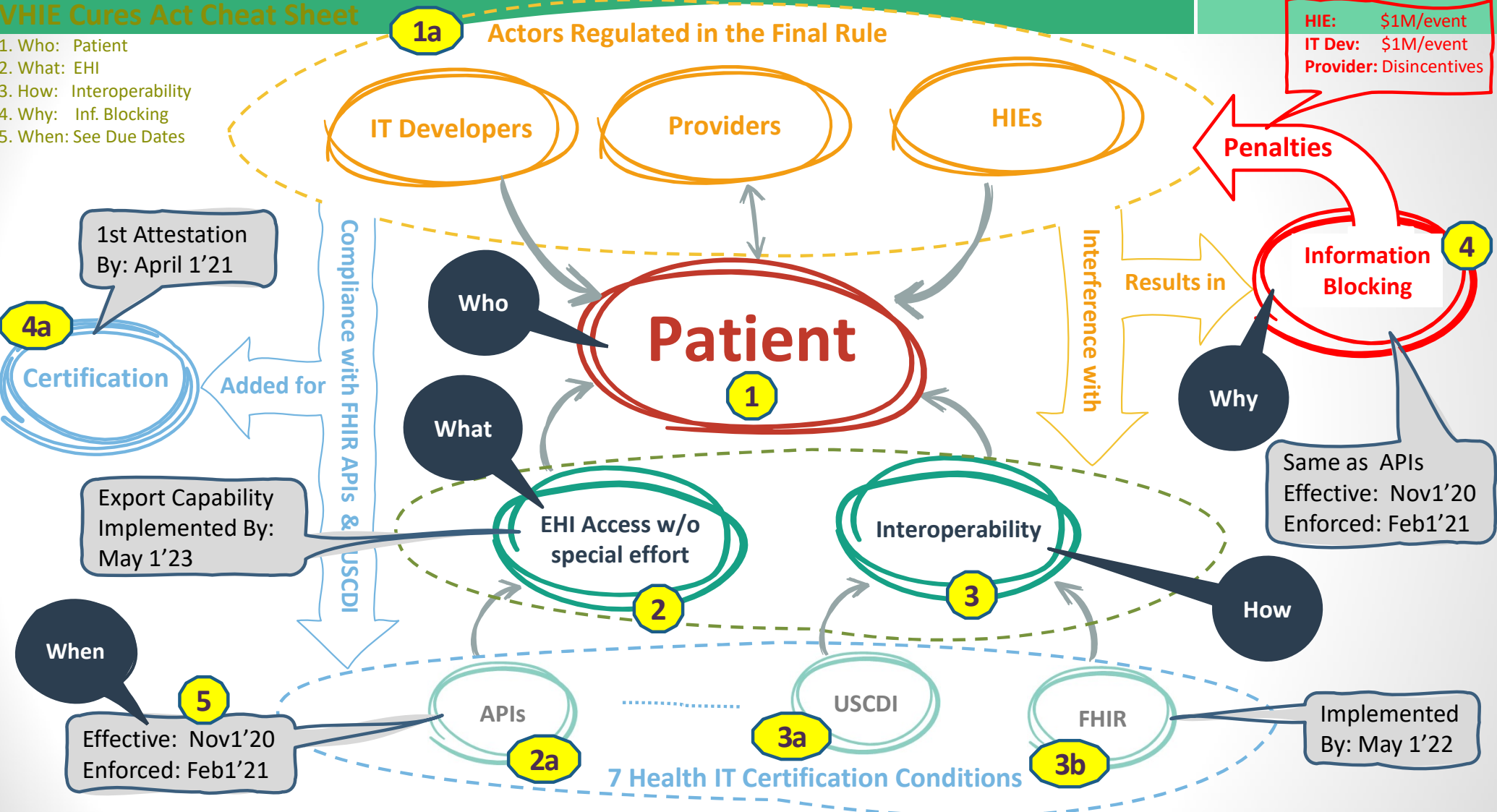
ONC's Cures Act Final Rule

CMS Interoperability & Patient Access

VHIE Cures Act Cheat Sheet

- 1. Who: Patient
- 2. What: EHI
- 3. How: Interoperability
- 4. Why: Inf. Blocking
- 5. When: See Due Dates

HIE:	\$1M/event
IT Dev:	\$1M/event
Provider:	Disincentives



1. Who: Patient >>>> 2. What: EHI >>>> 3. How: Interoperability >>>> 4. Why: Information Blocking >>>> 5. When: Starts Feb1'21

ONC's Cures Act Final Rule – Origin

In 2016, Congress passed the 21st Century Cures Act to drive the electronic access, exchange, and use of health information. ONC's Cures Act Final Rule implements the interoperability provisions of the Cures Act to promote patient control over their own health information.

ONC's Cures Act Final Rule made several changes to the existing 2015 Edition Health IT Certification Criteria. The final rule introduced a small number of new certification criteria, revised several existing certification criteria, and it removed several certification criteria.

<https://www.healthit.gov/curesrule/>

About ONC's Cures Act Final Rule

Empowering Patients with Their Health Record in a Modern Health IT Economy

The patient is at the center of the 21st Century Cures Act. Putting patients in charge of their health records is a key piece of patient control in health care, and patient control is at the center of HHS' work toward a value-based health care system.

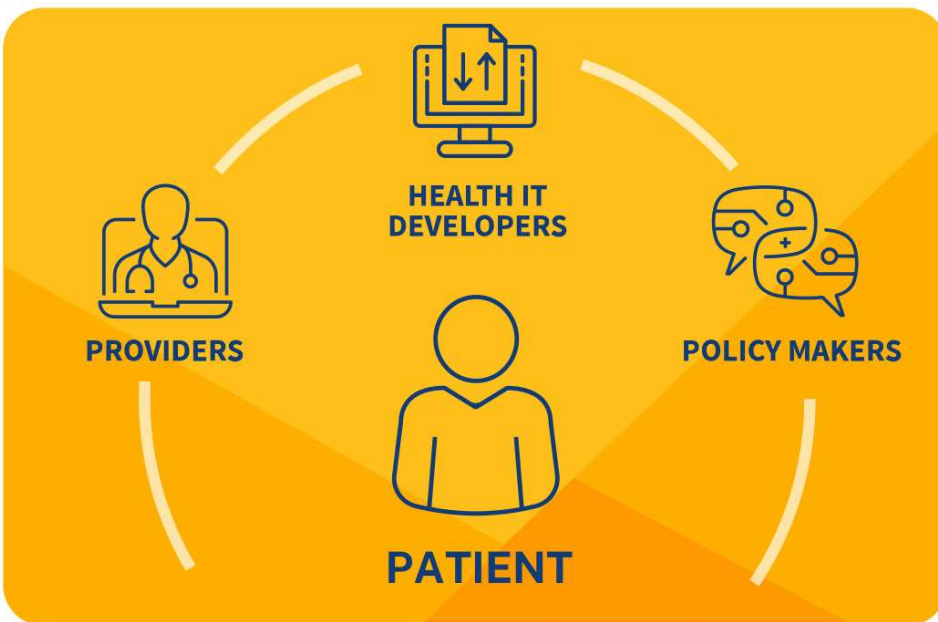
The ONC Cures Act Final Rule implements interoperability requirements outlined in the Cures Act. Patients need more power in their health care, and access to information is key to making that happen.

<https://www.healthit.gov/curesrule/>



The goal of ONC's Cures Act Final Rule is very simple – it's about access and choice: **Patients should be able to access their electronic medical record at no additional cost**. Providers should be able to choose the IT tools that allow them to provide the best care for patients, without excessive costs or technical barriers.

The Patient is the Focal Point



The Cures Act aims to **empower Americans** with their health data, **delivered conveniently** to computers, cell phones, and mobile applications. Nationwide, **patient-centric** health IT, once achieved, can deliver a variety of benefits to patients, including:

- ✓ Transparency into the cost and outcomes of their care
- ✓ Competitive options in getting medical care
- ✓ Modern smartphone apps to provide convenient access to their records
- ✓ An app economy that provides patients with innovation and choice

<https://www.healthit.gov/curesrule/>

Information Blocking



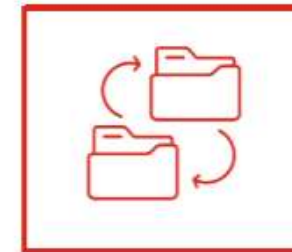
“Actors” Regulated in the Final Rule



**Health Care
Providers**



**Health IT
Developers of
Certified Health IT**



**Health Information
Networks (HIN)/
Health Information
Exchanges (HIE)**



Health Care Providers

Who are they?

- hospital
- skilled nursing facility
- nursing facility
- home health entity or other long term care facility
- health care clinic
- community mental health center
- renal dialysis facility
- blood center
- ambulatory surgical
- emergency medical services provider
- federally qualified health center
- group practice
- pharmacist
- pharmacy
- laboratory
- physician
- practitioner
- rural health clinic
- ambulatory surgical center
- provider operated by, or under contract with, the Indian Health Service or by an Indian tribe, tribal organization, or urban Indian organization
- “covered entity” under certain statutory provisions
- therapist
- any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary



Health IT Developers of Certified Health IT

Who are they?

An individual or entity, other than a health care provider that self-develops health IT for its own use, that develops or offers health information technology and which has, **at the time it engages in a practice that is the subject of an information blocking claim, one or more Health IT Modules certified** under a program for the voluntary certification of health information technology that is kept or recognized by the National Coordinator.



Health Information Networks & Exchanges

Who are they?

An individual or entity that determines, controls, or has the discretion to administer any requirement, policy, or agreement that permits, enables, or requires the use of any technology or services for access, exchange, or use of EHI:

1. Among **more than two unaffiliated individuals or entities** (other than the individual or entity to which this definition might apply) **that are enable to exchange with each other**; and
2. That is for a **treatment, payment, or health care operations** purpose, as such terms are defined in 45 CFR 164.501 regardless of whether such individuals or entities are subject to the requirements of 45 CFR parts 160 and 164.

Information Blocking Definition in the Final Rule

(a) Information blocking means a practice that—

(1) Except as required by law or covered by an exception, is likely to interfere with access, exchange, or use of electronic health information; and

(2) **If conducted by a health information technology developer, health information network or health information exchange**, such developer, network or exchange knows, or should know, that such practice is likely to **interfere with, access, exchange, or use of EHI**; or

(3) **If conducted by a health care provider**, such provider knows that such practice is unreasonable and is likely to **interfere with the access, exchange, or use of EHI**.

(b) Until 24 months after the publication date of the final rule, EHI for purposes of paragraph (a) of this section is limited to the EHI identified by the data elements represented in the **USCDI** standard adopted in § 170.213.

“Interfere with” or “Interference” What is it?

Interfere with or interference means to prevent, materially discourage, or otherwise inhibit.

- **Publication of “FHIR service base URLs” (sometimes also referred to as “FHIR endpoints”)** - A FHIR service base URL cannot be withheld by an actor as it (just like many other technical interfaces) is necessary to enable the access, exchange, and use of EHI.
- **Delays** - An actor's practice of slowing or delaying access, exchange, or use of EHI could constitute an interference and implicate the information blocking provision.
- **Costs for Electronic Access by Patients/Individuals** - An actor's practice of charging an individual, their personal representative, or another person or entity designated by the individual for electronic access to the individual's EHI would be inherently suspect under an information blocking review.

FHIR Service Base URL – What is it?

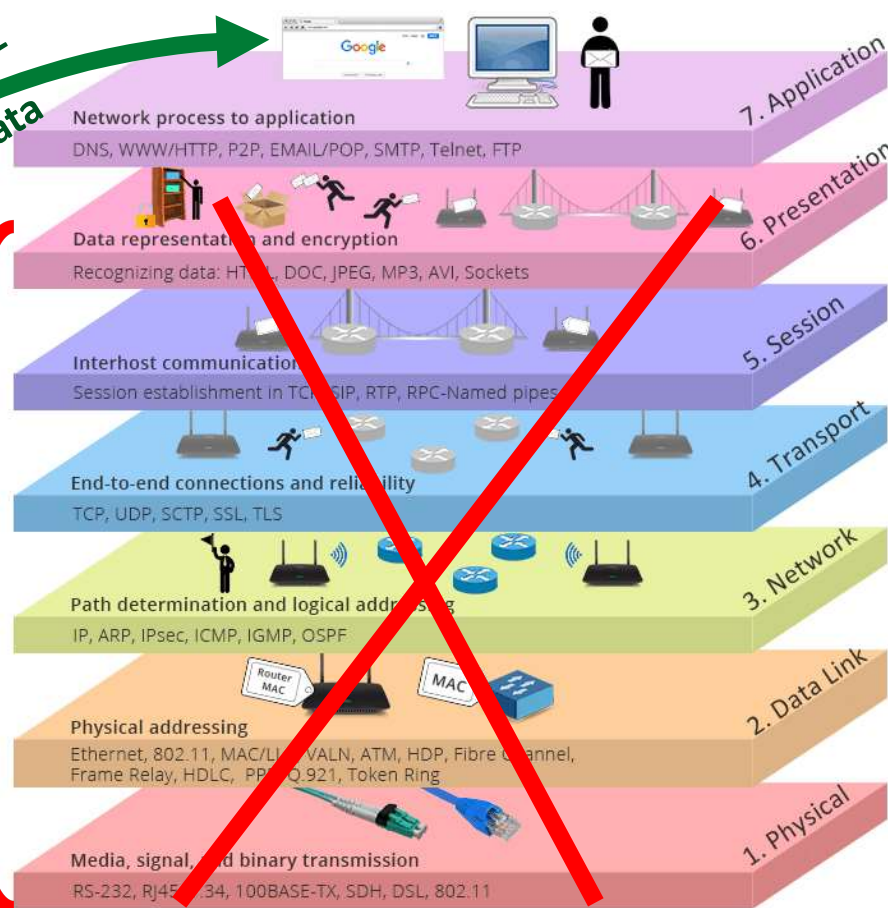
A FHIR service base URL is nothing more than a URL used at the application layer (layer #7) of the Open Systems Interconnection (OSI) network model, regardless of how the other 6 lower layers are implemented in a system.

`http://server.org/fhir/Patient/1`

endpoint resource type identifier

Just enter URL
to access data

NA in a
FHIR API
World



OSI Network Model

Electronic Health Information

What does it mean?

Electronic protected health information (ePHI) as the term is defined for HIPAA in 45 CFR 160.103 **to the extent that the ePHI would be included in a designated record set (DRS)** as defined in 45 CFR 164.501 (other than psychotherapy notes as defined in 45 CFR 164.501 or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding), regardless of whether the actor is a covered entity as defined in 45 CFR 160.103.



Changes and Clarifications from the Proposed Rule

- Focused definition on ePHI included in a DRS.
- This definition does not expressly include or exclude price information. To the extent that ePHI includes price information and is included in a DRS, it would be considered EHI.



Consequences of Being an Information Blocker

- **Cures Act prescribes penalties for information blocking**
 - Health IT developers of certified health IT, health information networks, and health information exchanges → Civil monetary penalties (CMPs) up to \$1 million per violation
 - Health care providers — Appropriate disincentives
- **Certification ban (§ 170.581) for health IT developers in violation of the Conditions of Certification**
 - Information blocking Condition of Certification (§ 170.401)
 - Public listing of certification bans and terminations

Information Blocking Exceptions



ONC Update to Health IT Certification Program

ONC's Cures Act Final Rule introduced two new technical certification criteria that were necessary to implement the 21st Century Cures Act. These two new certification criteria will advance interoperability between certified health IT systems and make it easier for patients to access their own electronic health information on their smartphones.

- § 170.315(b)(10) **Electronic Health Information (EHI) Export**

Focuses on the ability to export the electronic health information stored in and by certified health IT to support patient EHI access requests as well as to support a health care provider interests in exporting an entire patient population to transition to another health IT system.

- § 170.315(g)(10) **Standardized API for Patient and Population Services**

Requires the use of the HL7[®] Fast Healthcare Interoperability Resources (FHIR[®]) Release 4 standard and several implementation specifications. Two types of API-enabled services are required —(1) services for which a single patient's data is the focus, and (2) services for which multiple patients' data are the focus.

What Is FHIR?



Fast (to design and implement)

Health

Interoperable

Resources

- ✓ A set of modular components called “Resources”
- ✓ Resources refer to each other using URLs
- ✓ Build a web to support healthcare process
- ✓ Exchange resources between systems
 - Using a RESTful API (e.g. web approach)
 - As a bundle of resources (messages, documents)

Application Programming Interfaces (APIs)

ONC has established API Conditions of Certification to address the use of certified API technology and the healthcare ecosystem in which certified API technology will be deployed, including health IT developers' business practice.

SCOPE OF ELECTRONIC HEALTH INFORMATION

The scope of patients' electronic health information that must be accessible via certified **API technology** is limited to the data specified in the United States Core Data for Interoperability standard **(USCDI)**.

CERTIFICATION

Key Definitions



Certified API Technology

Capabilities of health IT that fulfill any of the API-focused certification criteria adopted in the rule



Certified API Developer

Health IT developer that creates the "certified API technology"



API Information Source

Organization that deploys certified API technology



API User

Persons and entities that create or use software applications that interact with "certified API technology"

The first version of the United States Core Data for Interoperability (USCDI v1) is adopted as a standard in the ONC Cures Act Final Rule. The USCDI sets a foundation for broader sharing of electronic health information to support patient care.

Use of the USCDI standard is required as part of the new application programming interface (API) certification criterion.

Key Definitions:

- ✓ **USCDI:** a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange
- ✓ **USCDI Data Class:** an aggregation of various data elements by a common theme or use case
- ✓ **USCDI Data Element:** the most granular level at which a piece of data is represented in the USCDI for exchange

Revised: United States Core Data for Interoperability Standard

The United States Core Data for Interoperability (USCDI) standard will replace the Common Clinical Data Set (CCDS) definition 24 months after publication of this final rule.



USCDI includes the following new required data classes and data elements:



Provenance



Clinical Notes



Pediatric Vital Signs



Address, Email & Phone Number

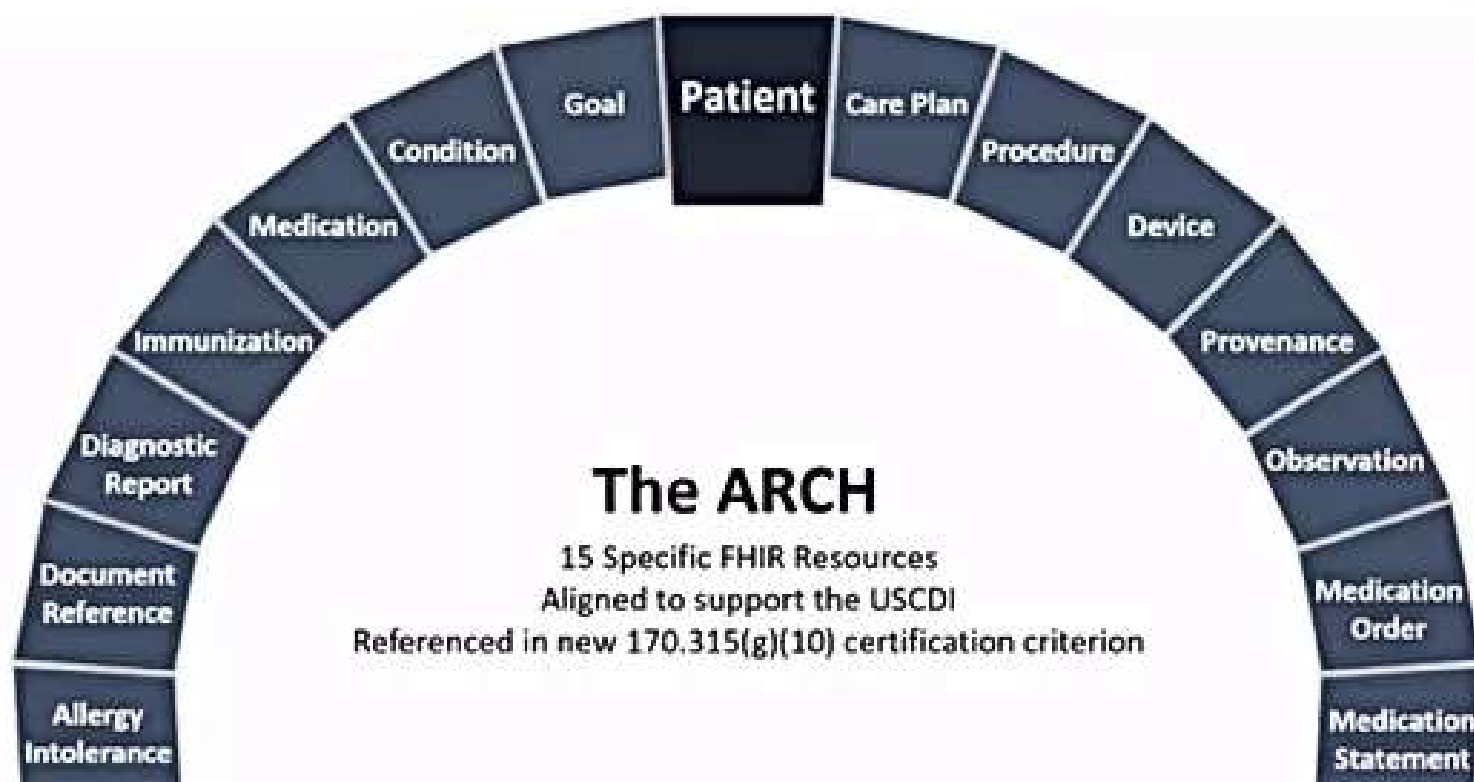


Health IT developers need to update their certified health IT to support the USCDI for all certification criteria affected by this change within 24 months after the publication of the final rule.

USCDI Standard Annual Update Schedule

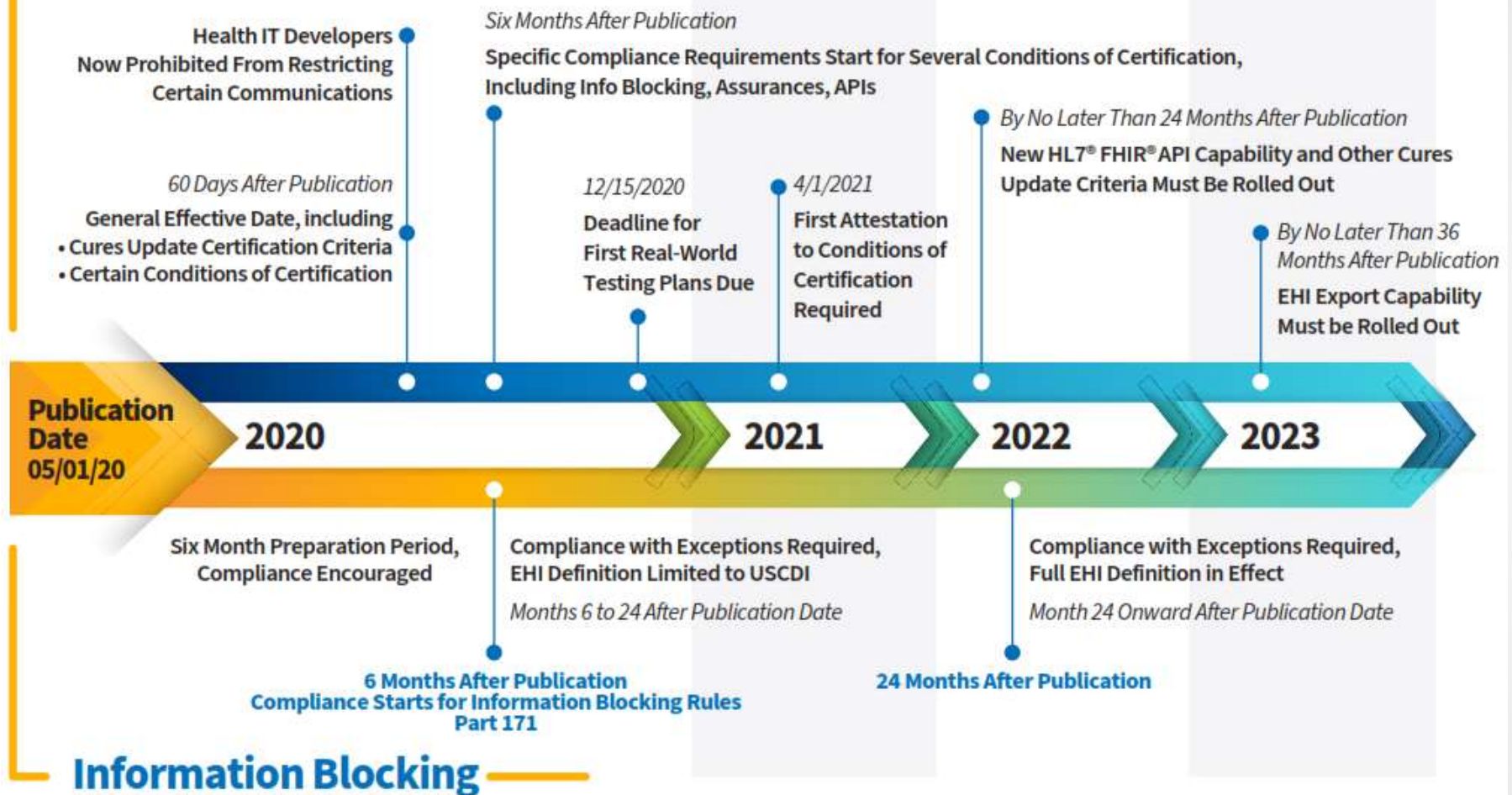
ONC will establish and follow a predictable, transparent, and collaborative process to expand the USCDI, including providing stakeholders with the opportunity to comment on the USCDI's expansion.

Relationship between USCDI & FHIR



The **FHIR API Resource Collection in Health (ARCH)** defines a subset of FHIR Core resources, aligned to support the USCDI, that must be supported to ensure interoperability of the most common healthcare information exchange.

Certification



EHI = Electronic Health Information USCDI = United States Core Data for Interoperability

1. Who: Patient >>>> 2. What: EHI >>>> 3. How: Interoperability >>>> 4. Why: Information Blocking >>>> 5. When: Starts Feb1'21

Section Appendix

Application Programming Interface (API)

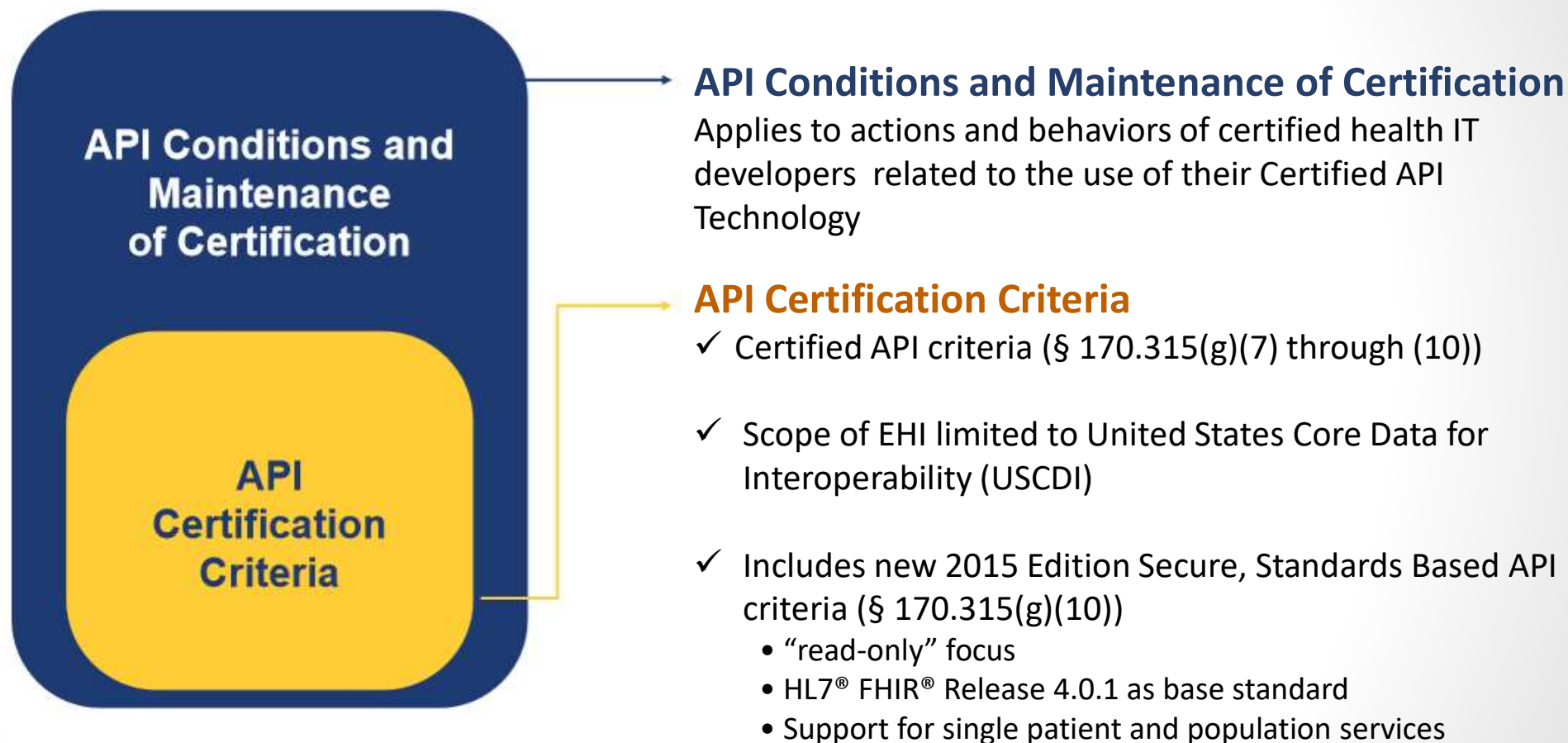
Application Programming Interface (API) – *What Is It?*

APIs allow software **Application #1** to interact with a software **Application #2** without **Application #1** needing to know how **Application #2**'s software is designed internally.

For example, **Application #1** could request information from **Application #2** or ask **Application #2** to update a person's health record with a new immunization status, assuming it is authorized.

One can think of an API like a “data concierge.” API-based exchanges have become commonplace in our everyday life, from mobile banking to booking a plane ticket, from downloading media to shopping online. Naturally, as adoption of electronic health records (EHRs) continues to expand, it is essential for APIs to play an increasing role with respect to healthcare interoperability.

Application Programming Interfaces (APIs)



API Conditions of Certification



Transparency

This condition clarifies the publication requirements on certified API developers for their business and technical documentation necessary to interact with their certified API technology.



Fees

This condition sets criteria for allowable fees, and boundaries for the fees certified API developers would be permitted to charge for the use of the certified API technology, and to whom those fees could be charged.



Openness and Pro-Competitive

These conditions set business requirements that certified API developers will have to comply with for their certified API technology to promote an open and competitive marketplace.

CMS Interoperability & Patient Access

CMS' Interoperability & Patient Access Levers

*“Liberating patient data using CMS authority to regulate **Medicare Advantage (MA), Medicaid, CHIP, and Qualified Health Plan (QHP) issuers on the Federally-facilitated Exchanges (FfEs).**”*

- CMS' framework for regulating health care stakeholders' obligations regarding interoperability, information blocking, and patient access:
 - Patient Access API
 - Provider Directory API
 - Payer-to-Payer Data Exchange
 - Daily Exchange of Federal-State Data
 - Public Reporting and Information Blocking
 - Digital Contact Information
 - Admissions, Discharge, and Transfer Event Notifications

Public Reporting and Information Blocking

Enforcement: Late 2020

Beginning **in late 2020** and starting with data collected for the 2019 performance year, **CMS will publicly report clinicians, hospitals and critical access hospitals that may be information blocking** based on how they attested to certain Promoting Interoperability Program requirements. Knowing which providers may have attested can help patients choose providers more likely to support electronic access to their health information.

Digital Contact Information

Enforcement: Late 2020

CMS will begin publicly reporting in late 2020 those **providers that do not list or update their digital contact information in the National Plan and Provider Enumeration System**. This includes providing digital contact information such as secure digital endpoints like a direct address and/or a FHIR API endpoint.

Making the list of providers who do not provide this digital contact information public will encourage providers to make this valuable, secure contact information necessary to facilitate care coordination and data exchange easily accessible.

ADT Event Notifications

Enforceable: July 1, 2020

CMS is modifying conditions of participation to **require hospitals**, including psychiatric hospitals and critical access hospitals, **to send electronic patient event notifications of a patient's admission, discharge and/or transfer to another healthcare facility or to another community provider or practitioner**. The policy will go into effect on October 10, 2020.

ADT Event Notifications (Cont.)

Deadline: Oct 10, 2020

Event notifications must be transmitted:

- *When a patient presents or is discharged from the emergency department;*
- *At the point of an inpatient and/or observation admission, discharge, or transfer.*

E-notifications must be transmitted to the patient's established primary care provider (PCP), established primary care practice group or entity, other practitioners/practice groups/entities identified by the patient as primarily responsible for the patient's care and applicable post-acute providers who need to receive notification for treatment, care coordination, or quality improvement purposes.

Hospitals can also satisfy this requirement by sending e-notifications to an accountable care organization (ACO) which is acting on behalf of one of the above healthcare providers. Hospitals are expected to take steps to standardize e-notifications to help ensure that notification recipients can receive them.

Event notifications must contain, at a minimum, the name of the patient, treating provider and transmitting hospital. CMS encourages hospitals to also include the patient's chief complaint, medication profile, discharge disposition, and diagnosis when appropriate.

Patient Access API

Enforceable: July 1, 2021

CMS-regulated payers, including Medicare Advantage organizations, Medicaid fee-for-service programs, Medicaid managed care plans, CHIP fee-for-service programs and CHIP managed care entities will be required to implement and maintain a secure, standards-based (HL7 FHIR Release 4.0.1) **API that allows patients to easily access their claims and encounter information, including cost, through a third-party app of their choice.**

Payers are required to implement the patient access API beginning Jan. 1, 2021.

Impacted Stakeholders

- Medicare Advantage Plans
- Medicaid and Children's Health Insurance Program (CHIP) managed care plans
- State Agencies
- Qualified Health Plan (QHP) issuers on federally facilitated exchanges

Provider Directory

Enforceable: July 1, 2021

CMS-regulated **payers** will have to **make provider directory** information **publicly available** via a standards-based API by **Jan. 1, 2021.**

Considerations: Provider Directory

- The HIE Steering Committee suggests that Vermont would benefit from a centralized provider directory, as it would allow patients to easily research which providers work in the state.
- To comply with the federal rules, applicable payers, may maintain their own provider directories.

Payer-to-Payer Data Exchange

Enforceable: April 30, 2022

Payers will have to exchange certain patient clinical data, specifically the U.S. Core Data for Interoperability, **at the patient's request**. Organizations will have to implement a process for this data exchange **by Jan. 1, 2022**. This will **allow the patient to take their information with them as they move from payer to payer** over time to help create a cumulative health record with their current payer, according to CMS.











Considerations: Payer-to-Payer Data Exchange

- The VHIE's #1 goal is to create a longitudinal health record for Vermont's patients.
- The VHIE is capable of facilitating data exchange across payers.
- Working through the VHIE is not required as CMS does not require FHIR based data exchange between payers.

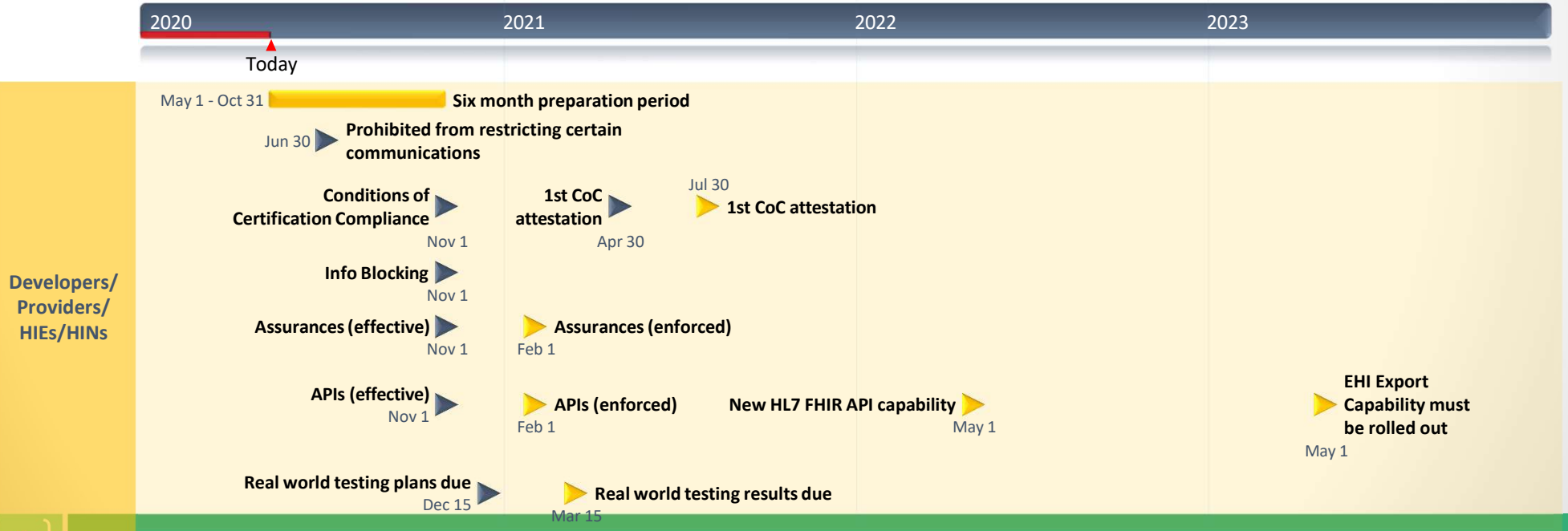
Daily Exchange of Federal-State Data

Deadline: April 1, 2022

Beginning in April 1, 2022, all **states** must participate in **daily exchange of buy-in data**, which includes both sending data to CMS and receiving responses from CMS daily. This requirement will improve the experience of dually eligible individuals by improving the ability of providers and payers to coordinate eligibility, enrollment, benefits, and/or care for this population.

CMS/ONC Rule	Publication date			
	 May 1			
Payers Medicare Advantage, Medicaid/CHIP FFS and Managed Care, Qualified Health Plans on FFE	Public reporting of clinician or hospital data blocking and providers without digital contact info in NPDES Nov 1 			
	Patient Access API (effective) 	Jan 1	Jul 1 	Patient Access API (enforced)
	Provider directory API 	Jan 1	Jul 1 	Provider directory API
	Payer to Payer data exchange 		Jan 1	Apr 30  Improved benefits coordination for dually eligible individuals
Hospitals	Event notifications (effective)  Nov 1	Jul 1 	Event notifications (enforced)	

2023





CMS and ONC Interoperability Rules: VHIE Considerations

June, 2020



There are two distinct rules

- Frequent point of confusion
- The Interoperability and Patient Access Final Rule, the “CMS Rule”
- The Office of the National Coordinator for Health Information Technology, 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule, the “ONC Rule”
- The rules have different applicability, requirements, and deadlines.
- The CMS rule draws on the technical standards set in the ONC rule.



Applicability



- CMS Rule:
 - Medicare Advantage (MA) plans, state Medicaid and Children's Health Insurance Program (CHIP) agencies, Medicaid and CHIP managed care plans, and qualified health plan (QHP) issuers in the federally-facilitated exchanges (FfEs). Note does not apply to QHPs in the State exchanges.
 - ALSO, the Electronic Notification Standard modifies CMS Conditions of Participation, with provisions that apply to hospitals, psychiatric hospitals, and Critical Access Hospitals.

Applicability



- ONC Rule:
 - Primarily aims at developers of Certified Electronic Health Record Technology (CEHRT) (certified under the Meaningful Use Standard).
 - BUT, “Information Blocking” provisions apply to health care providers, health information technology developers, health information networks and/or **health information exchanges**.

ONC Rule Implications for VHIE



- Information Blocking:
 - "Information Blocking" is any practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information (EHI).
 - Information Blocking Provisions are effective 11/1/2020, but due to COVID-19 "enforcement discretion" is extended to 2/1/2021.
 - Electronic patient access to their EHI is required, "without special effort"
 - As of 5/2/2022, CEHRT must support FHIR 4.0.1, USCDI and SMART on FHIR standards. Should assume VHIE should as well.
 - Prior to 5/2/2022 other methods may be used.

VITL's Plan – ONC Rule

- Will ensure VHIE compliance with the ONC rule as required.
- Plan to use the capabilities of new MedicaSoft platform. These should be sufficient to support the need.
- Work will also be needed to ensure that all necessary procedures, processes, and documentation are in place to fully comply.
- Planned initial go live of platform is January 2021. Information Blocking compliance is required February 2021.
- Will be working on specific details and plans with MedicaSoft and appropriate team members.
- VITL staff in Meaningful Use consulting will need to have expertise regarding changes to those standards.



CMS Rule Implications for VHIE



- Does not apply directly to the VHIE
- Medicaid program is already working on a compliance plan
- VITL could potentially provide services to others:
 - To payers:
 - Requirements difficult - significantly increased data scope and requires FHIR 4.0.1 by 7/1/2021 (5/2/2022 is ONC rule requirement)
 - To hospitals (Electronic Event Notification) may be more aligned.
 - 5/1/2021 deadline
 - Based on ADT events
 - Need to understand if there is interest in this.

Discussion



COVID-19 Lessons Learned

COVID Response Efforts by Phase

Currently Occurring

- To support epidemiological modeling, daily, VITL generates a report on positive test results for VT's chief data officer.
- VDH's EPI team is using the provider portal, VITLAccess to gather data, such as demographics, on positive patients. Previously, they were reaching out to providers for this data.
- VITL generates data to support VDH's federal reporting requirements.
- VDH has an interface that supports reporting to the NBS, a national tool for tracking disease data, and feeds lab results directly to the UVVMC systems.
- The VHIE to OneCare Vermont "gateway" provides lab results which support reporting, analysis and care coordination for ACO participating providers.
- OneCare deployed a new self-service application to identify vulnerable members of the attributed population for care coordination outreach.
- Bi-State is providing data to the FQHCs through Qlik software, enabling risk assessment and patient outreach.
- Bi-State's Event Impact Assessment application is being used to measure COVID-19 pandemic impact on health centers.

COVID Response Efforts by Phase

In Progress

- An interface between VT Public Health Lab (VPHL) and the VHIE is being developed to allow providers direct access to the VPHL testing data through VITLAccess.
- The VHIE to transmit additional test results to VDH - many already feed into VDH, but new labs forthcoming.
- A feed of hospital data in the VHIE to EMResource.
 - EMResource is a tool that hospitals are required to use to report emergency care information. This interface will automate much of the required state and federal reporting.

Planned

- VITL is working with cities/towns across the state to provide access to VITLAccess, the provider portal, to EMS/EMT.
 - Four towns are reviewing the VHIE services agreement, the first step in onboarding new users.
- VITL is working to enhance the number of providers who receive Electronic Results (Lab) Delivery into their EHRs.
 - Currently, only about 22% of providers with a known EHR receive VHIE lab feeds.
- VITL is partnering with VDH's EPI team to connect the VHIE to all new labs that will capture COVID-19 results.
 - VHIE to capture test results from additional sources such as BROAD, a research lab supporting hospitals and universities, and make results available to providers and public health staff.
- A data feed from the VHIE to BiState to amplify data tools used in support of and by FQHCs (for emergency and non-emergency use).

Future Opportunities

- Position the VHIE to automate sharing of state-wide testing results.
 - Additional sites may include long term facilities and additional commercial labs.
- Continue data-sharing to support ongoing syndromic surveillance, beyond COVID-19.
 - VHIE Service Agreements & the state's consent policy will need to change
- Connect more providers to direct lab feeds to ensure they have the real-time information they need to provide care.
- Leverage the VHIE's connection to EMResource to support hospital reporting in future emergencies.
- Connect the VHIE to a national network/database – eHealth Exchange to support health information sharing nationwide.
- Connect additional VDH registries to the VHIE to automate public health reporting to VDH and make the data available to providers (e.g., birth, death, immunization).
- The new VHIE Data Platform – available in early 2021 – will allow for on-demand data pulls to support a range of user's needs.

COVID Related Use Cases

Use Case	Solution
<p>As a provider I need access to COVID test results for my patients to provide the most suitable care</p>	<p>Previously critical VPHL (state public health lab) COVID reporting was available only through PDF or fax. Once this HL7 interface between VPHL and VHIE is complete users can access more lab results (Electronic Health Record) via VITLAccess in the VHIE.</p>
<p>As Public Health staff I need access to statewide patient data to monitor & model the pandemic effects (current & future state)</p>	<p>All new labs capturing COVID-19 data will transmit data to VHIE which in turn will transmit data to VPHL. VITL is also working with the state's chief data officer to gather data to support epidemic modeling. Daily, VITL generates a report on positive test results to the state's chief data officer.</p>
<p>As Public Health staff I need access to statewide lab data to support state and federal reporting</p>	<p>VITL working with VDH to generate reports that support federal reporting requirements. VDH staff (EPI team) is currently using VITLAccess to complete data gathering requirements, to minimize reaching out to providers for patient data.</p>
<p>As a provider I want to receive lab results electronically, instead of manually re-entering these into our EHR system to reduce administrative burden</p>	<p>Connecting VHIE via Electronic Results Delivery into the providers EHR will solve this issue [Scope yet to be confirmed]. Currently, about 22% of providers with a known EHR receive VHIE lab feeds.</p>
<p>As Hospital staff I want the COVID data to be submitted directly in the EMResource (Juvare)- a system hospitals are mandated to report in, to reduce the amount of manual system reporting required</p>	<p>VITL is building a feed of VHIE data to EMResource. Note EMResource is a tool that can report on resources under the purview of an emergency (like COVID-19). This interface will support required state and federal reporting.</p>
<p>As a first responder (EMT, EMS, etc) I need access to patient health history to come prepared to best serve a patient and protect my team in an emergency</p>	<p>VITL is working with towns across the state to provide access to VITLAccess, the provider portal. Four towns are currently reviewing the VHIE services agreement to get this connection implemented.</p>
<p>As a provider I need birth, death, immunization and other data currently collected in public health registries to ensure I understand the full health needs of my patients</p>	<p>Providers currently look at obituaries to find out death information. VITL can leverage the new MPI tool to match patient records and ensure the public health registries are up-to-date, as are patient record systems connected to the VHIE.</p>
<p>As a health program manager I need access to epidemic data to support analysis of the patient population to support care coordination and care across participating providers.</p>	<p>Data to support reporting sent from VHIE to OCV. Data to support reporting/analysis sent from VHIE to VCCI.</p>

Steering Committee Focus: June – September

- **June**

- Cures Act: bring members up-to-speed on new rules and regulations
- COVID-19 Response Efforts: discuss learnings from HIE-related pandemic efforts and implications for the HIE strategic plan

- **July/August**

- Pulling our strategic planning concepts together
 - Confirm our Frame of Reference – *the “triangle” of essential facets of HIE efforts and the HIE IT Architecture*
 - Build on Prioritized Work in Flight – *Collaborative Services, onboarding of new data types, expanding consent work, etc.*
 - Respond to Current Realities – *Covid-19 learning and opportunities and the Cures Act and related rules/legislation*
 - Elaborate on the Sustainability Strategy – *A look at public funding opportunities and discussion around garnering demand-driven participation in the market*

- **September**

- Review outputs from the subcommittees
- Put the final touches on the HIE Plan