

# HIE Steering Committee

March 6, 2019




# HIE Steering Committee - Membership

<b>Name</b>	<b>Role</b>	<b>Organization / Population Represented</b>
<b><i>Michael Costa</i></b>	Chair / Voting Member	Vermont's Agency
<b><i>Tracy Dolan</i></b>	Voting Member	Vermont's Department of Health
<b><i>Jimmy Mauro</i></b>	Voting Member	Blue Cross Blue Shield of Vermont <i>Payer Representative</i>
<b><i>Simone Rueschemeyer</i></b>	Voting Member	Vermont Care Partners <i>Mental Health &amp; Substance Use Representative</i>
<b><i>Georgia Maheras</i></b>	Voting Member	Bi-State Primary Care Association <i>Primary Care Representative</i>
<b><i>Emma Harrigan</i></b>	Voting Member	Vermont Association of Hospitals and Health Systems <i>Hospital Care Representative</i>
<b><i>Linda Leu</i></b>	Voting Member	A person who engages with the health care system
<b><i>Tyler Gauthier</i></b>	Voting Member	OneCare Vermont <i>Accountable Care Organization Representative</i>
<b><i>Beth Tanzman</i></b>	Voting Member	The Blueprint for Health Program
<b><i>Sarah Kinsler</i></b>	Non-Voting Member	The Green Mountain Care Board
<b><i>Andrew Laing</i></b>	Non-Voting Member	The Agency of Digital Services
<b><i>Emily Richards</i></b>	Operational Support / Non-Voting Member	The Department of Vermont Health Access' Health Information Exchange Unit
<b><i>Michael Smith</i></b>	Non-Voting Member	VITL, Vermont's Health Information Exchange Operator

# Agenda

Topic	Schedule
Welcome	10:30 – 10:40
Schedule Overview	10:40 – 10:45
Consent Policy: Introduction to the Issue, Steering Committee Considerations, Implementation Plan Proposal	10:45 – 11:40
HIE Plan: Committee Responsibilities	11:40 – 12:10
Wrap-Up	12:10 – 12:20

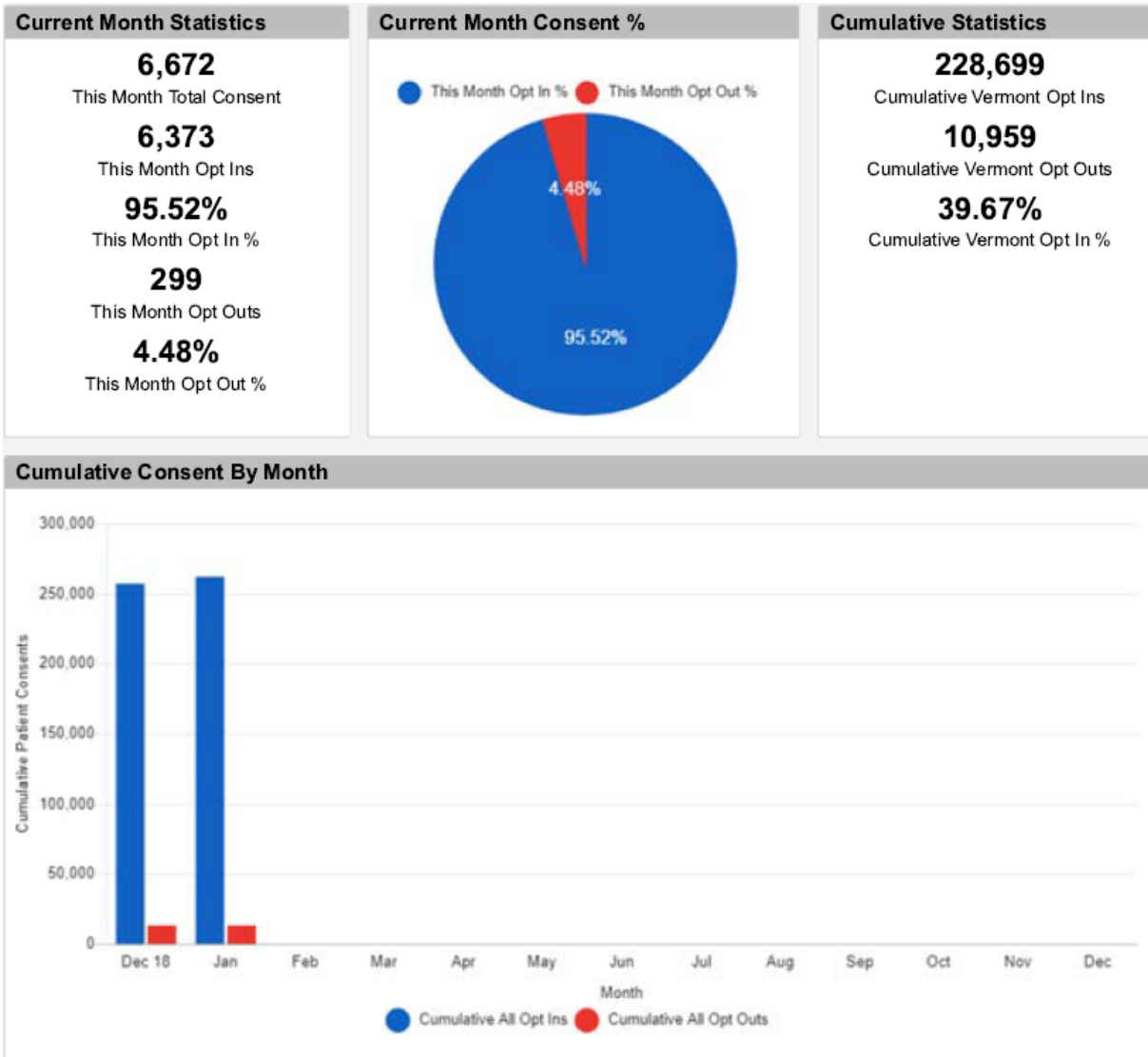
## Year Ahead: Schedule Overview

- By February: Establish a permanent HIE Steering Committee 
- By March: Assess potential changes in the State's consent policy and the Steering Committee's related action
- By March: Hire/onboard a Steering Committee Consultant
- By April: Conduct an assessment of the State's data governance efforts and define the Steering Committee's role in relation to existing work
- By April: Develop an evaluation methodology for assessing HIE proposals, current work, and the HIE Plan
- By July: Draft a Technical Roadmap that reflects a 3-5 yr. IT investment and growth strategy related to key HIE strategic objectives
- By August: Conduct an evaluation of HIE activities
- By September: Develop the 2020 version of the financing/sustainability model (This year's version of it)
- By November: Update the HIE plan with the evaluation results, Technical Roadmap, sustainability model, items left unaddressed in 2019, and tactical plans for 2020

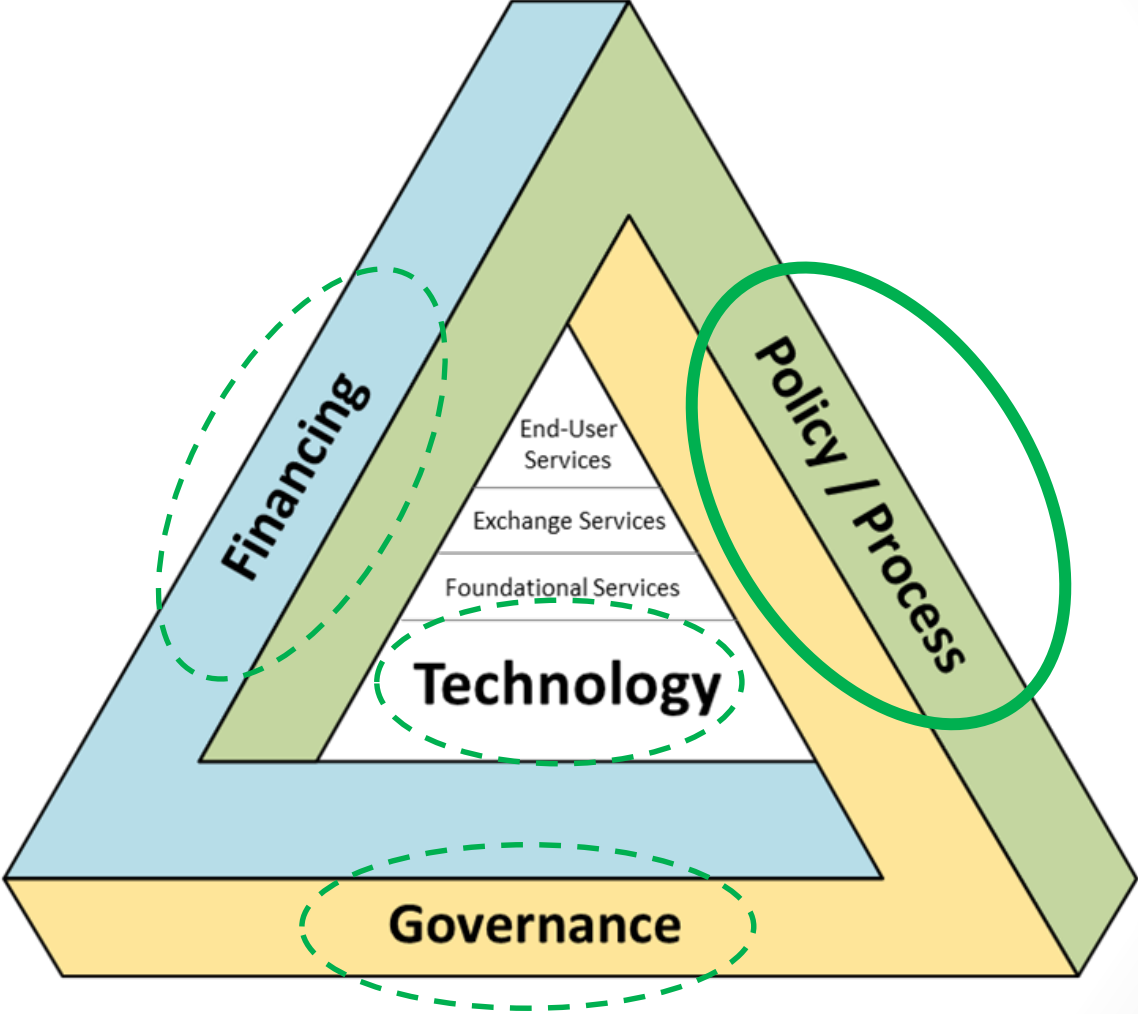
# Consent: Defining the Issue

- Vermont has an “opt in” consent to share health information policy – patient’s must act to indicate that they want their records accessible via the VHIE
  - The policy is administered by the Green Mountain Care Board
- The 2017 Evaluation highlighted that fewer than 20% of Vermonters had consented to share their health records via the VHIE
  - The evaluator noted that this may unduly constrain information sharing in the VHIE, undermining its essential purpose and reducing its value to our health care system
  - The other successful HIEs assessed all worked under an “opt-out” consent policy
- The 2018 DVHA report reinforced the idea that Vermont is out-of-step with the rest of the nation by including research on 40 other state models
  - Only 3 other states use “opt in” models like ours
- Among stakeholders supporting an “opt-out” consent model, DVHA heard consensus that such a model would:
  - Increase the number of Vermonters whose records are accessible in the HIE, making it consistent with other states and a much more valuable and useful resource for providers
  - Reduce the administrative burdens and costs borne by providers to capture and process consent
  - Support patient privacy and autonomy at least as well as the current model

# Consent: Where We Are Today



# The HIE Ecosystem: Where Consent Fits



## Changing the Consent Policy: Two Tracks

**Policy Approval**



**Policy Implementation**





## Process Details

- **January 9:** DVHA presented the consent policy recommendation report to the GMCB in a public meeting and heard public comment
- **January 15:** DVHA submitted the final consent policy recommendation report to the GMCB and the General Assembly
- **February 5:** VT Senate introduced S.80, *An act relating to certificates of need for hospital leases and an opt-out consent policy for the health information exchange*
- **March 13:** DVHA to testify on and submit a proposed consent policy to the GMCB. The consent policy will state that it is not to effectuated until a thorough implementation plan has been executed.
- **April – December:** DVHA and partners to execute the implementation plan and provide the GMCB with quarterly updates on progress.
- **TBD:** Steering Committee action

# Steering Committee Action

- Policy Advocacy
- Defining Success
- Supporting DVHA and VITL in Implementation
- *What Else?*



## Implementation Plan: Goals

- Patients are informed of their consent to share options every time they seek care
- The transition from an opt-in to an opt-out consent policy does not negatively impact care
- Health care organizations are provided sufficient time and resources to successfully incorporate a new consent to share health information policy into their organizational procedures
- Vermonters have access to comprehensive, understandable information about the consent to share policy and a place to contemplate their options and gain answers to their questions
- Mechanisms for changing or expressing consent preferences are clear and easy-to-access, and currently documented “opt-out” preferences are honored
  - Note: achievement of this goal requires VITL to transition from a provider-centric consent management model to a patient-centric model

# Implementation Plan: Outline

- I. Establish an “Opt-Out Consent to Share Transition Work Group” consisting of stakeholders who can represent a diversity of needs and interests from across the health care system. Committee members may include groups such as the ACLU of Vermont, Vermont’s Office of the Health Care Advocate, and the Vermont Developmental Disabilities Council.
- II. Collaborate with the Work Group to determine how provider representatives and additional patient representatives will be engaged. For instance, the VITL Board of Directors and the Green Mountain Care Board Primary Care Advisory Group may be leveraged as groups that effectively represents the interests and needs of a diversity of providers.
- III. Research the practices of other states and regions that have successfully implemented an “opt-out” policy and review implementation guides to determine which facets of existing practices could be replicated in Vermont. Consider practices that are working well (e.g., UVM network) in Vermont. Based on this research, articulate the main tenants of the implementation plan.
- IV. Develop a communication strategy that includes developing communication materials that meet unique needs of the patient and provider communities and relies on communication vehicles that will be most effective for distinct audiences.
- V. Provide the Green Mountain Care Board with quarterly updates to demonstrate progress and mitigate challenges in executing the implementation strategy.

# Implementation Plan: Schedule

	February	March	April	May	June	July	August	September	October	November	December
Establish Transition Committee		█	█								
Develop a Stakeholder Engagement Plan				█	█						
Research Best Practices				█	█						
Develop a Communication and Roll-Out Strategy					█	█					
Implement Stakeholder Engagement Plan						█	█	█	█		
Implement Communication and Roll-Out Strategy							█	█	█	█	
GMCB Quarterly Updates	█			█			█			█	
Policy Takes Effect											█

# THE STATEWIDE HIE PLAN

## Vermont's Health Information Exchange Strategic Plan

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2018-2019

APPROVED BY THE GREEN MOUNTAIN CARE BOARD, NOVEMBER 2018

Prepared by Vermont's 2017-2018 Health Information Exchange Steering Committee  
Submitted by the Department of Vermont Health Access

# Steering Committee Responsibilities

- Support development, execution, and oversight of Vermont's HIE Plan.
  - Annually, develop and/or update the HIE Steering Committee charter and bylaws to clearly define roles of members, voting procedures, and other essential operational functions.
  - Annually, update the State's HIE plan to support the health system's needs and priorities. The plan must comply with state law and guidance provided by the Green Mountain Care Board (GMCB) through the annual plan review process.
  - Develop and maintain a technical roadmap to support the State's HIE network and achieve the goals stated in the HIE Plan.
  - Oversee and manage activities set forth in the annual HIE plan

# Steering Committee Responsibilities

- Continue to grow and evolve the HIE Steering Committee to best meet the State's needs.
  - Identify growth opportunities for the governance body and assign ad-hoc committees as needed (e.g., data governance, connectivity, finance, audit).
  - Act as the central point of review for new or adjusted priorities with HIE stakeholders.
  - Identify alignment opportunities to further integrate the statewide data management architecture.



# Steering Committee Responsibilities

- Support DVHA and other stakeholders in focusing HIE investments to align with statewide HIE goals.
  - Monitor HIT Fund expenditures and other state-driven HIE investments and identify opportunities for greater diversity in HIE funding sources.
  - Review federal funding requests managed by AHS to ensure alignment with statewide strategy.
  - Define the portfolio of investments needed to further HIE goals and, annually, refine the HIE financial sustainability model through evaluation of progress made in the preceding year.

# Steering Committee Responsibilities

- Support development of processes and policies that enable achievement of statewide HIE goals.
  - Provide recommendations to the legislature, GMCB and other stakeholders on actions they can take to support the State's HIE plans and goals and support the development of policy and legislation to further statewide HIE goals and objectives.
  - Identify priority policies that must be focused on to expand interoperability of health information.
  - Review and provide feedback on policies developed by AHS, the VHIE, and other stakeholders related to the exchange of health data.
- Engage stakeholders in the Steering Committee's work.
  - Actively and consistently engage with existing stakeholder advisory groups to ensure that planning and implementation considers insights from impacted and interested parties.

## Wrap Up

- Our Next meeting is on March 20<sup>th</sup>. We will:
  - Discuss the use case process
  - Meet and/or learn more about the Technical Roadmap consultant
- Before our next meeting, please:
  - Provide feedback on your bio
  - Consider how you would like to present your relevant work to one another