

# HIE Steering Committee

February 20, 2019



# Agenda

Topic	Schedule
Welcome	10:30 – 10:40
Getting to Know One Another	10:40 – 11:00
Meeting Logistics	11:00 – 11:20
Review of the Last 2 Years	11:20 – 11:40
Year Ahead: Schedule Overview	11:40 – 11:50
A Look at the HIE Plan	11:50 – 12:15
Wrap-Up	12:15 – 12:30

# 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

# Getting to Know One Another

You are stranded in this conference room. The doors are locked, and knocking down the doors or breaking the windows is not an option.

As a team, you have 20 minutes to decide on 10 items in the room that you'll need for survival and rank them in order of importance.



# HIE Steering Committee Logistics: Membership

Voting and non-voting members

Role of non-voting members

One voice/one vote

Decision making

- Major Majority (unanimity minus 2)

Member attendance expected

- Designees by permission of the Chair

# HIE Steering Committee Logistics: Meetings

How often will we meet?

- Every 2 weeks

Where will meetings be held?

- Waterbury State Office Complex

What type of attendance is required?

- In-person (Virtual attendance after discussion with chair)

Where can I find meeting material?

- Final materials will be posted on [healthdata.vermont.gov](http://healthdata.vermont.gov)
- Draft materials may be emailed directly to the group

- Home
- Vermont HIE Program
- HIE Steering Committee
- PIP/EHRIP
- Contact Us

## 2019 STEERING COMMITTEE MEETING INFORMATION

*Steering Committee Meetings are held twice monthly starting February 13, 2019*

February 13, 2019

- [Agenda](#)
- [Minutes](#)

# Ground Rules

1. We will speak openly and honestly during meetings, and keep all confidential information private.
2. When we encounter differing points of view, we will debate the facts of the situation without personal enmity.
3. We will each honor meeting start and end times.
4. We will each contribute our ideas and resources to the team and share the responsibility for the work of the team.
5. We will each avoid actions that disrupt the meeting, like side-chatting, walking in and out of the meeting, non-essential texting, and emailing.
6. We each are responsible for staying on track and on time.
7. We will listen actively and not interrupt when others are speaking.
8. We will each ensure that we don't personally dominate any meeting by monitoring our own participation.
9. Any personal feedback to a colleague must be constructive.
10. Work together in such a way that we never have to refer to these rules.

# HIE: Two Years of Work to Get the Program on Track

- **Act 73 of 2017: mandated independent review of the program**
  - HIE is expensive and difficult for all states.
  - Vermont stakeholders affirmed that HIE systems are essential.
  - VT is not organized in a way that increases its chances for success.
  - VT's HIE has yet to set a solid foundation and stakeholders lack confidence.
  - There is clear room for improvement. VT can reproduce other state's success.
- **Act 187 of 2018: work plan to implement the fixes identified in Act 73**
  - DVHA and VITL met all obligations of Act 187 of 2018.
  - The third-party evaluation concluded that, as of October 2018, VITL and DVHA were making sufficient progress and had successfully addressed many of the recommendations from the Act 73 Evaluation Report.
- **Two year process ended in success: The state-wide, strategic Health Information Exchange (HIE) Plan was submitted to the GMCB in early November and approved.** This was the first approval of the annual HIE Plan since 2010.

## Year Ahead: Schedule Overview

- By February: Establish a permanent HIE Steering Committee
- By March: Develop an evaluation methodology for assessing HIE proposals, current work, and the HIE Plan
- By March: Hire a Steering Committee Consultant
- By April: Complete an assessment of the State's data governance efforts and define the Steering Committee's role in relation to existing work
- By May: Work with stakeholders to assess potential changes in the State's consent policy
- 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

# 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

## 2017-2018 Steering Committee: The People Behind the Plan

Name	Role	Reason for Selection	Voting
Andrew Laing	Technologist	Information systems SME; ADS Representative (Chief Data Officer)	Voting
Craig Jones	National & State HIE Perspective	National thinker on HIT/HIE with VT delivery system experience.	Voting
Kelly Lange	Insurance Lead	Investments should be aligned across payers.	Voting
Leah Fullem/Tyler Gauthier	ACO Lead	Vermont's health care reform goals rely heavily on ACOs	Voting
Michael Costa	Chair	Agency designated program sponsor for HIE/HIT	Voting
Simone Rueschemeyer	Community Provider Lead	Representative of mental health, developmental disabilities and substance use services and associated data exchange.	Voting
Tracy Dolan	Public Health Lead	Public Health data exchange is essential to successful HIE, and it is a focus of federal incentive programs	Voting
Beth Tanzman	Practice Innovation Lead	Blueprint for Health is considered a key stakeholder in practice level health care reform.	Non-Voting
Emily Richards	HIE Program Lead	DVHA's HIE Program Director overseeing HIE contracts, federal plans and funding requests, and the HIE Team.	Non-Voting
Kristina Choquette	VITL Lead	VHIE Representative	Non-Voting

# Stakeholder Groups Offered Invaluable Feedback

- Bi-State Primary Care Association
- Vermont Medical Society
- GMCB Primary Care Advisory Group
- Medicaid and Exchange Advisory Group
- VITL Board
- AHS Leadership
- VDH Staff Involved in HIE Efforts
- GMCB Representatives and Staff

# The Steering Committee Created Norms for Committee Work While Examining Vermont's HIE Needs

## Creating Norms

- Demystify health information exchange by clearly articulating where we've been, the current state, and where we're going
- Target the needs of the people using the health system (not solely the technology)
- Emphasize the interdependent component parts required to achieve success – Technology, Financing, Policy/Process and Governance
- Focus on achievable progress in clear alignment with desired outcomes

## HIE Needs

- Created an initial library of use cases setting forth specific HIE needs
- Focused on delivering a credible and timely HIE plan
- Focused on foundational elements of HIE, particularly effective governance and specific future work

# The HIE Plan Focuses on the Basic, Essential Elements

- A History of HIE in Vermont
- Establishing a Framework for Success
  - The HIE Ecosystem
  - Three Tiers of HIE Technology
- Governing HIE in Vermont
- HIE Sustainability
- Objectives & 2018-2019 Tactical Plan
- Future HIE Planning Considerations

The HIE Ecosystem is a Focal Point – *the environment required for HIE to effectively function*



# Goals

## ***1. Create One Health Record for Every Person***

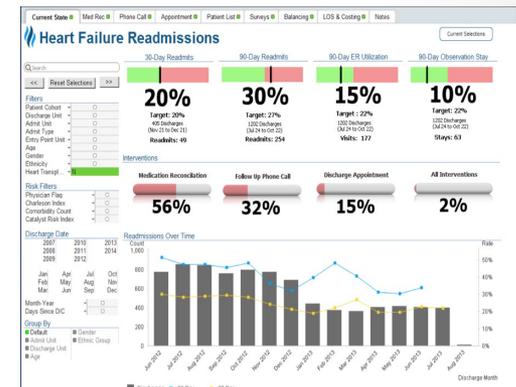
- Support optimal care delivery and coordination by ensuring access to complete and accurate health records
- Reduce provider burden by aggregating essential data in one, useful location
- Provide patient's with a comprehensive understanding of their health and care



# Goals

## 2. Improve Health Care Operations

- Enrich health care practices with data collection and analysis to support quality improvement and reporting
- Align data aggregation and data quality efforts to support real needs
- Reduce burden associated with reporting
- Allow providers to analyze their own data and put information into action



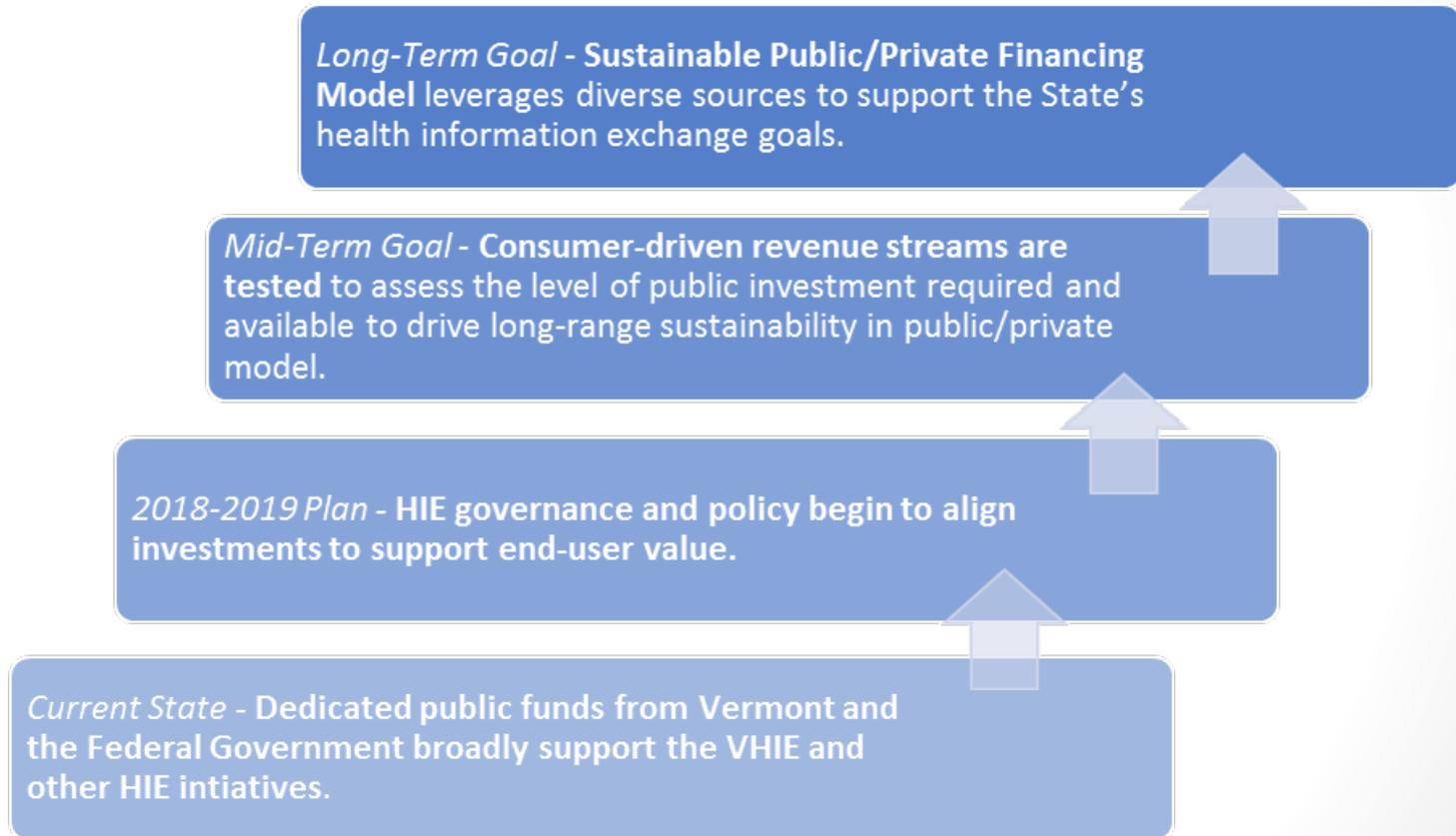
# Goals

## **3. Use Data to Enable Investment and Policy Decisions**

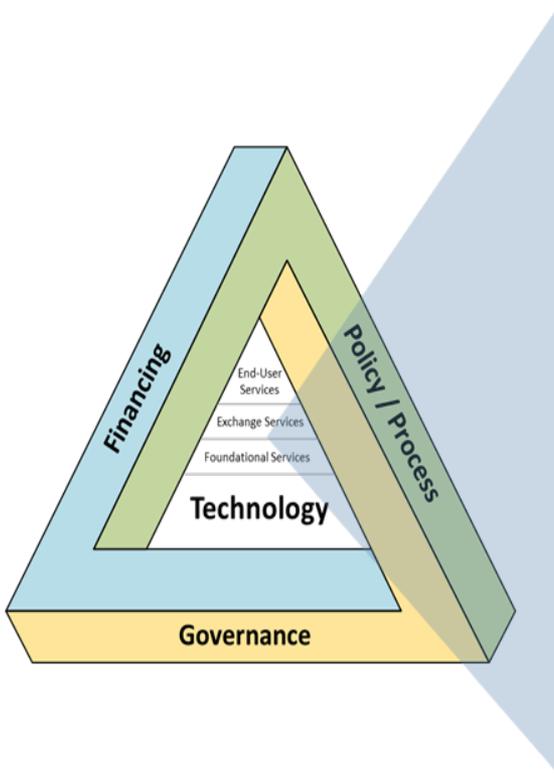
- Bolster the health system's ability to learn and improve by using accurate, comprehensive data to guide investment of time, labor and capital, and inform policy making and program development
- Put data in the hands of program's serving population-wide needs
- Enable data-informed decision making



# The HIE Ecosystem: A Look at Maturity



# HIE Technology: Building Blocks of Success



End-User Services		
Reporting Services	Notification Services	
Analytics Services	Consumer Tools	
Care Coordination Tools	Patient Attribution & Dashboards	
Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance
Foundational Services		
Identity Management	Consent Policy & Management	
Security	Provider Directories	

# The HIE Plan Features a Tactical Plan to Make Progress towards our Goals in 2019

- The specific focus for 2018 and 2019 is:
  - Establishing the permanent governance model for the HIE
  - Incremental progress in:
    - Consent management
    - Data quality
    - Identity management
  - Initiating long term, sustainable financial planning
  - Overseeing the 2018-2019 plan and developing a 2020 plan, including a technical roadmap
- Tasks touch on all parts of the HIE Ecosystem and are delineated as foundational, exchange and end-user services

End-User Services		
Reporting Services	Notification Services	
Analytics Services	Consumer Tools	
Care Coordination Tools	Patient Attribution & Dashboards	
Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance
Foundational Services		
Identity Management	Consent Policy & Management	
Security	Provider Directories	

# 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

- Next meeting we will:
  - Continue the Steering Committee member education process
  - Review the draft charter
  - Discuss evaluation criteria
- Before our next meeting, please:
  - Review the Act 73 Evaluation Report
  - Review the HIE Plan
  - Provide feedback on your bio
  - Consider how you would like to present your relevant work to one another