

HIE Steering Committee

June 26, 2019

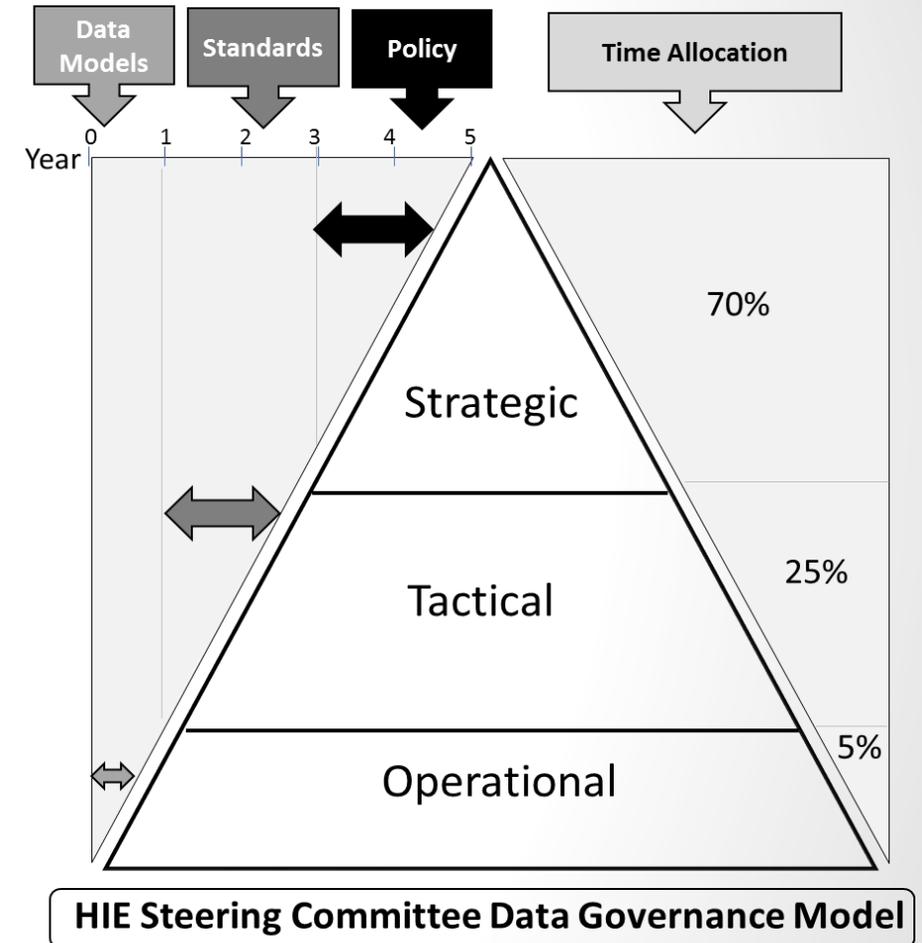


Agenda

Topic	Schedule
Welcome	10:30 – 10:35
Data Governance	10:35 – 10:55
Tactical Plan Review & Progress Update	10:55 – 11:20
Consent Implementation Plan Update	11:25 – 11:55
Provider Survey Review	11:55 – 12:25
Wrap-Up	12:25 – 12:30

Data Governance

- Focus on the 2020 HIE Plan as it relates to data governance –
 - I. Build on the 2019 HIE Plan reference to data governance as a tool to enhance data quality
 - II. Reinforce the value of data governance and the reasons why the Steering Committee is considering the concept
 - III. Describe the Steering Committee's discussion of the topic
 - IV. Propose a general data governance model
 - V. Identify data governance activities for 2020 (*To be developed as a result of the IT Roadmap creation process*)



How do we execute data governance activities?

- Ad hoc committee?
- Third-party vendor developing meeting pre-identified needs for standards, policies, business agreements, etc.?
- Permanent HIE Steering Comm. data governance committee?

Vermont's HIE Strategic Plan Update

Sections of the current plan:

- Executive Summary
- History of HIE in Vermont
- Establishing a framework for success
 - Value proposition; HIE ecosystem; Foundational and Exchange items
- Governing HIE in Vermont
 - Model; Steering Committee roles and responsibilities
- HIE objectives & 2019-2020 Tactical Plan
 - Goals; tactical plan
- HIE sustainability
 - Financial; service providers accountability
- Future HIE planning
- Appendices: Steering Committee Charter; Connectivity criteria; Stakeholder engagement

HIE Plan Update – Significant Sections

Executive summary

- Progress under Act 187; establish permanent steering committee; tactical plan; IT Roadmap

History

- New legislation (Act 53) and legislative updates; relevant federal updates including Cures Act, TEFCA, interoperability, SUPPORT Act; State Medicaid Directors Letters

Governance considerations

- Steering Committee topics; subcommittee roles; charter; plan.

Technology

- Derived from the HIT Roadmap currently being developed

Governing HIE in Vermont

- Sustainability; steering committee roles and responsibility;

Tactical Plan

- Goals and objectives; action steps; accountability

Future HIE planning

Appendices

- Charter; connectivity Criteria; Stakeholder engagement

Tactical Plan Update - context



A tactical plan translates strategy into achievable actions that support long-term goals.



Vermont's HIE Tactical Plan will be developed annually and constantly monitored and refined by the HIE Steering Committee.



The HIE Tactical Plan identifies actions related to maturing all core services and furthering the three HIE goals across the dimensions of: Governance, Technology, Policy/Process and Financing.



An accountable party is assigned to each tactic to ensure it is clear who is responsible for which aspects of the work.

Current 2018-2019 Tactical Plan

The 2018-2019 Tactical Plan focused on enhancing foundational and exchange services in support of future and existing end-user services. The specific focus for 2018 and 2019 has been:

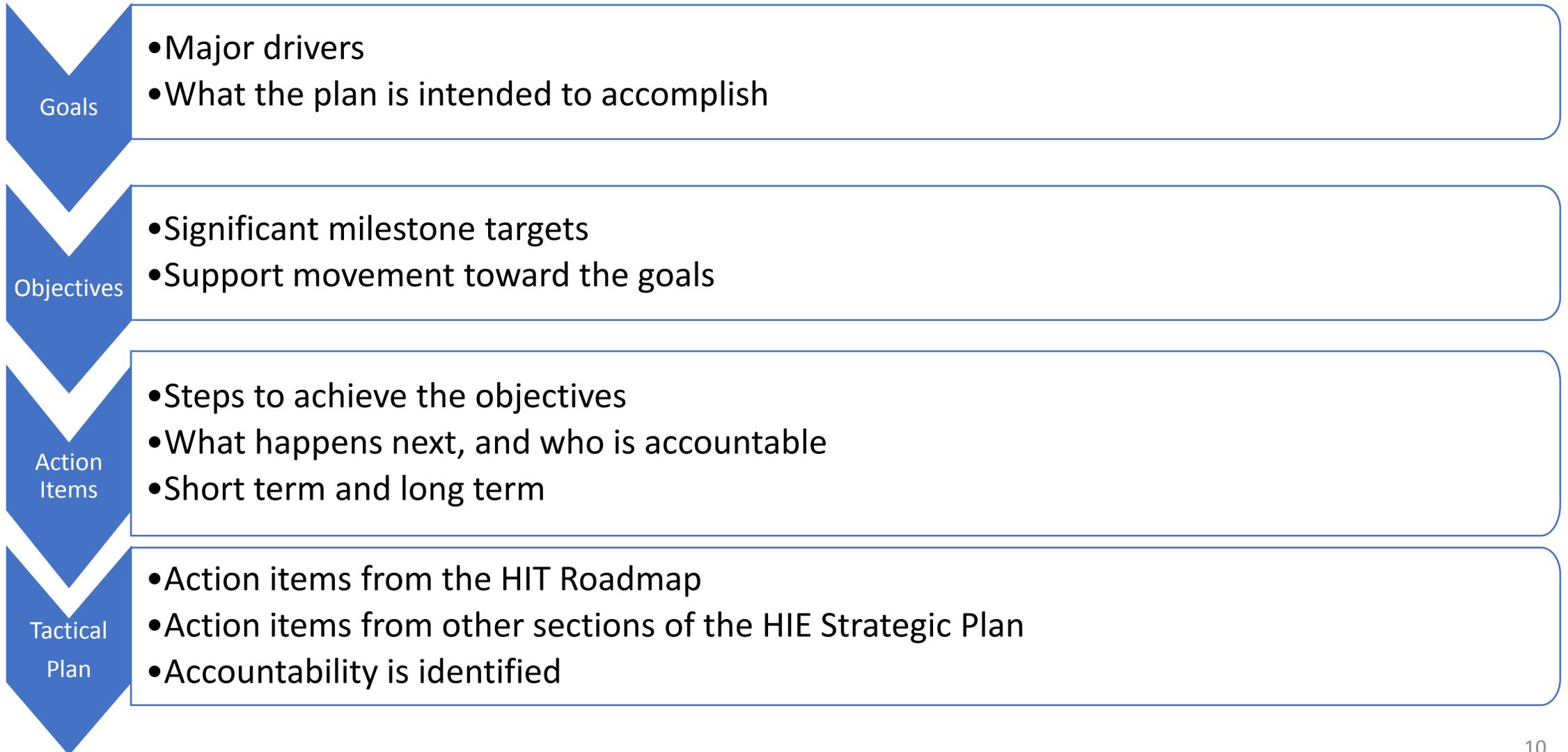
- Establishing the permanent governance model for the HIE
- Incremental progress in:
 - Consent management
 - Data quality
 - Identity management
- Initiating long-term, sustainable financial planning
- Overseeing the 2018-2019 plan and developing a 2020 plan, including a technical roadmap

Tactical Plan Alignment with HIT Roadmap

Goals remain the same:

- Create One Health Record for Every Person
 - Ensure access to complete and accurate health records to support optimal care delivery and coordination.
- Improve Healthcare Operations
 - Enrich healthcare operations through data collection and analysis to support quality improvement and reporting.
- Use Data to Support Investment and Policy Decisions
 - Bolster the health system to learn and improve based on accurate, comprehensive data; guide investment of time, labor, and capital; and inform policies and program development.

Tactical Plan Alignment with HIT Roadmap - 2



Tactical Plan – Steering Committee Updates for Discussion

Focus Area	2018-2019 Activity	Status – November 2019	Related 2020 Activity
HIE Governance	Establish an HIE Steering Committee	Complete; HIE SC began work in February 2019, as directed by HIE Plan	2019 SC directed changes in the 2020 structure based on lessons learned. See Governance Section
HIE Governance	Annually, engage stakeholders in the development of a strategic plan, submitted by November 1, for the GMCB’s review/approval	Complete; the 2018-2019 version was approved by the GMCB in November 2018	HIE Plan revision due November 1. Include discussion of consent policy (see below)
HIE Governance	Develop an HIE technical roadmap and sustainability model to be included in the HIE Plan and built upon every year thereafter	Work to develop the Roadmap is currently underway.	Include in HIE Plan for November 1 submission.
HIE Governance	Create an evaluation method for overseeing and measuring progress in implementation of HIE strategic plans and the effectiveness of the HIE governance model		
HIE Governance	Evaluate statewide data governance efforts and design a data governance model appropriate for the State’s HIE SC	Work is underway.	
HIE Governance	Work with stakeholders to assess potential changes to the State’s Consent policy and support the production of a Consent Report per Act 187 of 2018	Significant progress. Act 53 is in effect. Implementation planning and activities are underway.	Reports due August 1, 2019; November 1, 2019; and January 15, 2020. Implementation due March 1, 2020.
Financing	Review available funding sources, inventory needs and develop a sustainability model		

Tactical Plan Update – Next Steps

HIT Roadmap Action Items will be identified through the roadmap development

- First draft overview will be presented at July 10 Steering Committee Meeting

Other tactical plan action items will be drafted through the update process of the other (non-HIT Roadmap) sections of the HIE Plan

- For example: HIE governance; consent policy implementation
- Accountable parties: GMCB, VITL, DVHA, & HIE Steering Committee

The tactical plan is annual in scope and becomes the work plan for the Steering Committee in the coming year

Tactical plan items will be brought to the Steering Committee as they are developed during the remainder of the planning work, through October, 2019

Consent Policy Implementation Update

Effective on passage: Stakeholder engagement and implementation planning

Steering Committee Role

Consent Implementation Plan – Milestones

Project workstreams

Timeline

Discussion / Questions

Steering Committee Chain of Responsibility in Consent Policy Implementation

DVHA in consultation with the HIE Steering Committee is responsible for the overall coordination of Vermont's statewide Health Information Technology Plan, to be submitted to GMCB by November 1, 2019



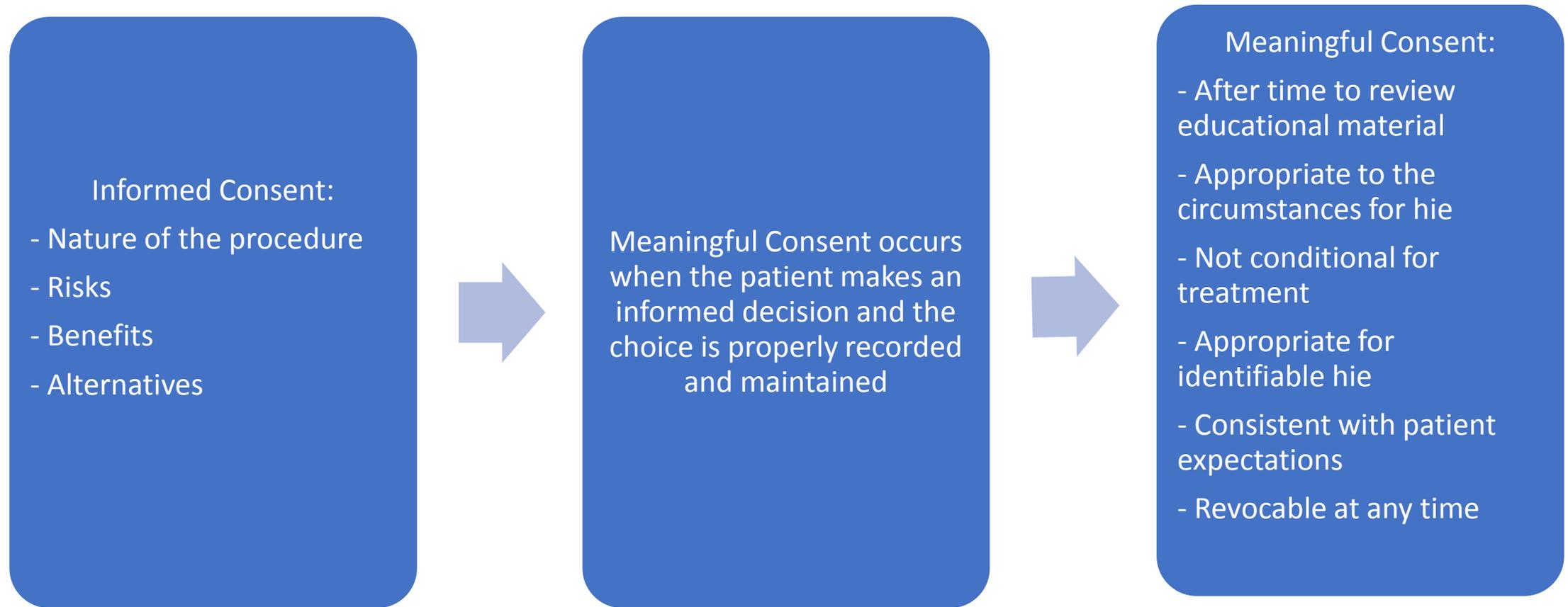
The Plan shall provide for each patient's electronic health information that is contained in the Vermont Health Information Exchange to be accessible...to the extent permitted under federal law unless the patient has affirmatively elected not to have the patient's electronic health information shared in that manner.



DVHA in consultation with its HIE Steering Committee shall administer a robust stakeholder process to develop an implementation strategy for the consent policy for the sharing of patient health information through the VHIE

- Act 53 specifies expectations for this process, including the need for mechanisms to support opting out
- Certain milestone dates are specified in Act 53 as well

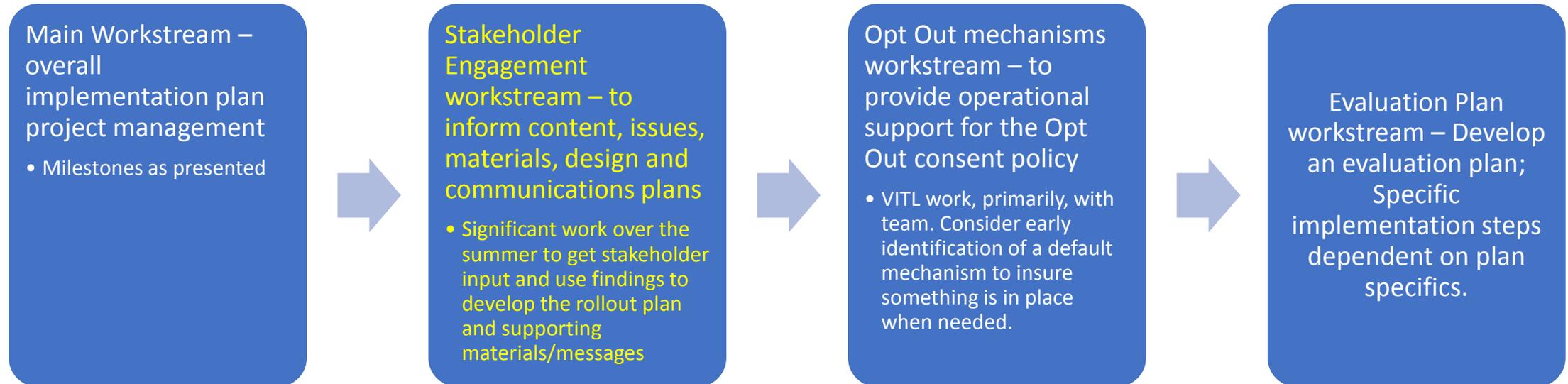
Emphasis of Consent Implementation is to Achieve Meaningful Consent



Consent Implementation Plan Milestones

Start Date	Milestone
6/1/2019	Key informants consulted on the stakeholder engagement process
7/1/2019	Stakeholder engagement process developed; stakeholder engagement series initiated
8/1/2019	DVHA report to General Assembly and GMCB
8/30/2019	Stakeholder recommendations to HIE Steering Committee
8/1/2019	VITL to develop a plan to implement Opt Out through HIE
9/1/2019	Develop evaluation plan and methodology
9/1/2019	Begin implementation of multisector communications strategy
11/1/2019	DVHA report to General Assembly and GMCB (included in HIE Plan); Presentation to the GMCB
1/15/2020	DVHA final report presented to General Assembly and GMCB
3/1/2020	Opt Out Effective

Consent Policy - workstreams



Consent Implementation Plan – Stakeholder Engagement

- Goal: communications strategy and plan to engage stakeholders to
 - Identify appropriate messages, tactics, and approaches to insure stakeholders and Vermonters are informed about consent, the VHIE, and their options
 - Solicit key stakeholders to help with this communication process
 - Implement a rollout of information supported by this stakeholder input with appropriate materials and coordination of efforts
- Stakeholder identification
 - Initial contacts: begin with key stakeholders who have been engaged in the legislative process. These discussions are underway and will inform subsequent stakeholder activities (e.g., Vermont Disabilities Council; Healthcare Advocate; DS Council; Department of Health)
 - Other Stakeholder groups can guide materials development, workflow considerations, testing, and implementation
- **Steering Committee discussion on stakeholder process and stakeholder identification**

Summary

- The Opt-Out consent policy is in effect
- Meaningful Consent is the goal
- The HIE Steering Committee has a defined role, as part of the Steering Committee role in HIT planning
- Milestones are determined by Act 53 requirements for status updates and implementation start date
- Critical workstreams include stakeholder engagement, development of mechanisms to support Opt-Out, and an evaluation methodology

State Medicaid HIT Plan – Provider Survey

SMHP background

HIT Roadmap, HIE Plan, and SMHP Synergy

Environmental scan and provider survey

Current provider survey topics and questions

Discussion and Steering Committee input

SMHP Background

- Code of Federal Regulation requirement to support incentive payments for EHR adoption and meaningful use
 - Now referred to as Promoting Interoperability
 - <https://healthdata.vermont.gov/ehrip>
- \$57,000,000 has been put into the Vermont economy at very little cost to the state
- The SMHP is a plan for supporting this program AND for supporting the meaningful use aspects of the program
 - HIE expansion and connectivity
 - Public Health reporting
 - eCQM development, including access to and use of clinical data

Incentive Payment Status

Type	Actual
EP AIU Counts	1011
EP AIU Paid Amount	\$21,193,345.00
EP MU Counts	779
EP MU Paid Amount	\$19,248,261.00
EH AIU Counts	10
EH AIU Paid Amount	\$5,845,442.37
EH MU Counts	17
EH MU Paid Amount	\$10,932,064.30

Total Payments = 1,817
Total Amount = \$57,219,113

SMHP Prescribed Sections

- with alignment considerations

- HIT As-Is Landscape
 - Will benefit from the HIT Roadmap work
 - Must include an environmental scan / Provider Survey
- HIT To-Be Landscape
 - Will be informed by the HIT Roadmap and the HIE Plan update
- Administration of the incentive payment program
- Auditing of the incentive payment program
- Health IT Roadmap
 - Should align with the HIT Roadmap
 - Precursor to the annual IAPD update for additional funding

SMHP Provider Survey

- Purpose: want to characterize
 - How many providers by type are using certified EHR technology (CEHRT)
 - How many have achieved meaningful use
 - What issues and barriers are related to adoption and use of CEHRT
 - What assistance do they need
 - Awareness of and use of access to the VHIE
 - Barriers to connecting to the VHIE
- Methodology
 - Develop a list of providers to include in the survey
 - Email link to the survey tool: Survey 123 (GIS enabled)
 - Analysis and reporting on resulting data

SMHP Provider Survey – Questions Areas

- Provider demographics including NPI
- General practice information
 - Provider type; group type; numbers of providers by type for group
- Health IT
 - EHR? Product type; years used
 - Issues and barriers
 - Interoperable with other systems; ease of use; resource issues; lack of expertise
 - Workflow issues; missing functions; need technical assistance; vendor support
 - Level of satisfaction
 - Very dissatisfied ← → Very satisfied
 - Would you go back to paper records?
 - Implementation plans; issues and barriers
 - Choice; expertise; ROI; specialty area support; broadband access

SMHP Provider Survey – Questions Areas - 2

- Awareness of Promoting Interoperability / EHRIP
 - Familiarity with the program
 - Never heard of it ← → I've received payments
 - Barriers and challenges to participating in the program
 - Excluded provider type; confusing requirements; burdensome eligibility requirements
 - Would you participate in a state program that provided annual incentive payments for meaningful use of HIT?
- Awareness of Health Information Exchange
 - Familiarity with VHIE?
 - Challenges sharing data with other organizations and VITL
 - Sending Transitions of Care (TOC) and/or Referral Care Summaries (RCS) electronically?
 - Methods used to e-send PHI to other providers?
 - Breakdown % TOC and RCS by electronic / fax / mail

SMHP Provider Survey – Questions Areas - 3

- Indicate which health IT resources (if any) used to send, receive, or query the following types of patient data electronically (excludes fax)
 - Summary of care; care plan; lab results; radiology reports; radiology images; medication history
 - Resources include EHR vendor; other vendor (e.g., SureScripts); VHIE; other HIE; other HIT; no HIT used
- Indicate which current and planned VITL service offerings you or your group/practice are interested in utilizing (all that apply)
 - Single sign on; cross-community access; results delivery; Direct secure messaging; Event Notification Service;
 - Any other services you can identify?
- Barriers associated with using the services of the VHIE

SMHP Provider Survey – Questions Areas - 4

- Patient consent questions
 - Familiarity with the Patient Consent policy to share electronic health information
 - How does your organization obtain patient consent to share electronic health information?
 - How does your organization track/manage patient consent once obtained?
 - How often is consent discussed with patients?
- Additional information
 - Other feedback and comments

Additional Questions for the HIT Roadmap

- Partial Consent
 - Access to SUD for treatment
 - Access to SUD for care coordination
 - Access to SUD for quality measurement/analytics
 - A question related to awareness
- Reduction of provider challenges
 - Harmonization of quality measures across payers
 - Electronic reporting of quality measures directly from EHRs
 - A question about what providers think about their EHRs
- Access to comprehensive record
 - Access to clinical notes
 - Integration of claims/clinical information creating a unified timeline of care
 - Access to reconciled, up to date medication list
 - Access to images, imaging reports

Survey Demo & Discussion

- Preview of provider survey experience – Heri Troche, HIE Unit
- Steering Committee discussion – any additional questions?



Wrap Up

- Upcoming Meeting Dates:
 - July 10 & July 24
 - August 7 & August 21
 - September 4 & September 18